

# Kansas Register

Ron Thornburgh, Secretary of State

Vol. 16, No. 24 June 12, 1997 Pages 987-1026

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# Information Network of Kansas

### **Notice of Meeting**

The Information Network of Kansas Board of Directors will meet at 2 p.m. Thursday, June 19, at Kansas, Inc., 632 S.W. Van Buren, Suite 100, Topeka. The meeting is open to the public.

Charles R. Warren Chairman State of Kansas

### State Fair Board

### **Notice of Meeting**

The State Fair Board will meet by conference call at 9 a.m. Tuesday, June 17. For further information, contact Deana Novak at (316) 669-3612.

Glenna Rindt President

Doc. No. 019220

Doc. No. 019212

# State of Kansas

# Legislature

# **Interim Committee Schedule**

The following committee meetings have been scheduled during the period of June 16 through June 29:

Date	Room	Time	Committee
June 18	220-S	2:00 p.m.	State Finance Council
June 23 June 24	514-S 514-S	10:00 a.m. 9:00 a.m.	Joint Committee on Administrative Rules and
			Regulations

### Agenda

To be announced.

Review of rules and regulations filed by: Livestock
Commissioner, KDHE,
Secretary of Administration,
Board of Examiners in
Optometry and Kansas Real
Estate Commission; review of committee's annual report; and review of agency responses to rules and regulations previously reviewed.

Emil Lutz
Director of Legislative
Administrative Services

Doc. No. 019236

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# **Pooled Money Investment Board**

# **Notice of Investment Rates**

The following rates are published in accordance with K.S.A. 1996 Supp. 75-4210. These rates and their uses are defined in K.S.A. 1996 Supp. 12-1675(b)(c)(d), and K.S.A. 1996 Supp. 75-4201(l) and 75-4209(a)(1)(B).

Effective 6-16-97 through 6-22-97

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Term		Rate
1-89 days		5.46%
3 months	The section of the se	5.28%
6 months		5.53%
9 months		5.71%
12 months		5.78%
18 months		5.96%
24 months		6.09%
36 months		6.25%
48 months		6.35%

William E. Lewis Chairman

Doc. No. 019210

#### State of Kansas

### **Kansas Arts Commission**

### Notice of Meetings

The Kansas Arts Commission will conduct its quarterly meeting at 9 a.m. Tuesday, June 24, in Studio 2 at the Wichita Center for the Arts, 9112 E. Central, Wichita. During their business meeting, the commissioners will vote upon the recommendations of advisory panels to award grants for fiscal year 1998 (July 1, 1997-June 30, 1998). The commissioners also will adopt the FY 98 Individual Artist Guidelines, which include instructions for artists to apply to receive the 1998 Kansas Artist Fellowships and Mini-Fellowships and to join the Kansas Touring Program roster of performing artists.

At the close of the business meeting, the commission will present checks for \$5,000 to each of the three winners

of 1997 Kansas Artist Fellowships.

Most of the commissioners and staff will meet at 2 p.m. Monday, June 23, for preliminary meetings, including a meeting of the advisory panel for the Rural Cultural Opportunity Grant category of the Grassroots Program. The meetings are also in Studio 2 at the Wichita Center for the Arts.

Meetings of the Kansas Arts Commission, a state agency, and its advisory panels are open to public observation in accessible locations. Persons with special needs are asked to request accommodations to meet those needs at least one week before the meeting.

For more information, contact the Kansas Arts Commission, Suite 1004, Jayhawk Tower, 700 S.W. Jackson, Topeka, 66603-3758, (913) 296-3335. Persons with special communication needs may utilize the Kansas Relay Center, 1-800-766-3777.

Eric Hayashi Executive Director State of Kansas

# **Department of Human Resources**

### **Request for Proposals**

The Department of Human Resources, Division of Employment and Training, has released a request for proposals (RFP) for the Neighborhood Improvement and Youth Employment Act (NIYEA) (K.S.A. 44-1401 et seq). Four projects will be selected to receive funding. Project duration is July 1, 1997 to June 30, 1998. Projects selected could receive a maximum of \$15,750. The grantee must agree to provide in-school youth (meeting income guidelines) with a mentor to gain work experience in repairing, maintaining or renovating essential community facilities; in community service; or in work with low-income senior citizens.

Units of local government, nonprofit organizations, Native American tribes, and private businesses are en-

couraged to apply.

The NIYEA RFP can be obtained via Internet at http://entkdhr.ink.org/niyea, or by written request to Linda J. Weaver, Director, Program Planning and Development Unit, Kansas Department of Human Resources, 401 Topeka Blvd., Topeka, 66603-3182. Eligible proposals must be postmarked by June 20.

Wayne L. Franklin Secretary of Human Resources

Doc. No. 019228

State of Kansas

# Department of Administration Division of Architectural Services

# Notice of Commencement of Negotiations for Architectural Services

Notice is hereby given of the commencement of negotiations for "on-call" architectural services for the University of Kansas at Lawrence. The selected firm will provide services for small projects at the University of Kansas.

For information regarding the scope of services, contact James Modig at the University of Kansas, (913) 864-3431.

If interested, an original and six copies of the SF 255 form (plus relevant attachments of information regarding similar projects) should be submitted. The submittals should be concise, relevant to the project and follow the State Building Advisory Commission guidelines for submittal. Copies of the guidelines have previously been distributed to firms; if copies of the guidelines are required, contact Gary Grimes, Division of Architectural Services, 625 Polk, Topeka, 66603, (913) 233-9367. Submittals not complying with the guidelines will be returned without consideration.

Expressions of interest and the SF 255 submittals should be received by Gary Grimes before 5 p.m. June 27.

Thaine Hoffman, AIA Director, Division of Architectural Services

Doc. No. 019225

# **Board of Indigents' Defense Services**

# **Notice of Meeting**

The State Board of Indigents' Defense Services will meet at 2 p.m. Friday, June 20, in the board conference room, State Board, of Indigents' Defense Services, 714 S.W. Jackson, Suite 200, Topeka. Any individual with a disability may request accommodation in order to participate in the meeting. Requests for accommodation should be made at least five working days in advance of the meeting by contacting Carol Alexander at (913) 296-4505.

For additional information, contact Natalie G. Haag,

executive director.

Natalie G. Haag Executive Director

Doc. No. 019227

### State of Kansas

# Department on Aging

### Notice of Sliding Fee Scale for the Senior Care Act

Pursuant to K.S.A. 1996 Supp. 75-5928(d)(2), the Kansas Secretary of Aging is publishing the annual sliding fee schedule for the Senior Care Act. The scale that will be used for state fiscal year 1998 beginning July 1, 1997, is as follows:

### 1998 Sliding Fee Scale

	1-Person Household	2-Person Household
Client Share	Monthly Income	Monthly Income
20%	below 1085	below 1458
30%	1086-1185	1459-1592
40%	1186-1285	1593-1726
50%	1286-1385	1727-1861
60%	1386-1485	1862-1995
70%	1486-1585	1996-2129
80%	1586-1685	2130-2264
90%	1686-1785	2265-2398
100%	1786-above	2399-above
	3-Person Household	4-Person Household
Client Share	Monthly Income	Monthly Income
20%	below 1832	below 2206
30%	1833-2001	2207-2410
40%	2002-2170	2411-2613
50%	2171-2339	2614-2816
60%	2340-2507	2817-3020
70%	2508-2676	3021-3223
80%	2677-2845	3224-3426
90%	2846-3014	3427-3630
100%	3015-above	3631-above

Questions about the fee scale or other facets of the Senior Care Act program may be directed to Cindy Lane, In-Home Services Manager, at (913) 296-6448.

Thelma Hunter Gordon Secretary of Aging

Doc. No. 019219

### State of Kansas

# **Department of Commerce and Housing**

### **Request for Proposals**

The Kansas Department of Commerce and Housing is seeking proposals to develop a long-term strategic plan for Kansas tourism development and promotion. The plan should address public and private tourism efforts, as well as state and local efforts. Proposals are due by July 10.

For a copy of the detailed request for proposal, call Janet Boskill at (913) 296-7091, or fax your request with your name, address, phone and fax number to (913) 296-6988.

Gary Sherrer Secretary of Commerce and Housing

Doc. No. 019229

# State of Kansas

# Department of Administration Division of Architectural Services

# Notice of Commencement of Negotiations for Technical Services

Notice is hereby given of the commencement of negotiations for air and water balancing services and commissioning of mechanical and electrical systems for state construction projects for the six-month period from July 1, 1997 to December 31, 1997. Negotiations also are commencing for infrared testing services.

Interested individuals or firms in the balancing field must be certified by the National Environmental Balancing Bureau or the Associated Air Balance Council. Said individuals or firms must be engaged in balancing work on a full-time basis. Balance agencies which are of the same parent company as the designers or contractors of a particular project will not be considered for that project.

Firms interested in providing these services should submit an SF 254 form indicating their qualifications, fees for their services, and geographical areas of the state in which they are willing to work to Gary Grimes, Division of Architectural Services, 625 Polk, Topeka, 66603-3288, (913) 233-9367, ext. 204. An original of the SF 254 form (plus attachments as required) should be submitted with letters of interest.

It is the intention of the division to pre-approve a separate group of qualifying balancing, commissioning and infrared contractors and award projects on a rotational basis. If a firm anticipates being limited to specific-sized projects, by dollar volume or location in the state, that information also should be supplied with the response.

Any questions or expressions of interest should be directed to Gary Grimes before 5 p.m. June 27.

Thaine Hoffman, AIA Director, Division of Architectural Services

Doc. No: 019217

# **Grain Inspection Department**

### **Notice of Meeting**

The Kansas State Grain Inspection Department will hold its quarterly Grain Advisory Commission meeting at 9 a.m. Friday, June 27, in the conference room at ADM Milling, 850 E. Pacific St., Salina.

> Gary M. Bothwell Director

Doc. No. 019213

State of Kansas

# Department of Health and Environment

# Notice of Deadline Extension for **Toxic Release Inventory Reports**

The Kansas Department of Health and Environment, Bureau of Air and Radiation, Community Right-to-Know Program is extending the compliance deadline for the submittal of Toxic Release Inventory (TRI) reports for calendar year 1996 until August 1, 1997. This action is taken to conform the state deadline to that of the U.S. Environmental Protection Agency, which announced that it will allow facilities required to submit TRI reports for calendar year 1996 until August 1, 1997, to file those reports. (See Federal Register, May 27, 1997.)

These TRI reports under Section 313 of the Emergency Planning and Community Right-to-Know Act and Section 6607 of the Pollution Prevention Act would otherwise be due on or before July 1, 1997. Because of unforeseen circumstances beyond the control of the EPA, the EPA has been delayed in developing and distributing the reporting package required to submit the 1996 reports. This package includes extensive materials and guidance for preparing TRI reports for the 1996 reporting year. To allow facilities adequate time to prepare and submit complete and accurate TRI reports, EPA is allowing facilities an extra month in which to report.

The Kansas Department of Health and Environment, Bureau of Air and Radiation, Community Right-to-Know Program also receives the TRI report. This notice embraces the federal time allowance to avoid potential noncompliance resulting solely from the delay in availability of the TRI reporting package. No other deadlines, requirements, obligations or standards are affected by this notice.

For further information, contact Jon Flint, Community Right-to-Know Program, Forbes Field, Building 283, J Street and 2 North, Topeka, 66620, (913) 296-1690.

> Gary R. Mitchell Secretary of Health and Environment

Doc. No. 019223

State of Kansas

# Kansas Development Finance Authority

### **Notice of Hearing**

A public hearing will be conducted at 11 a.m. Thursday, June 26, in the commissioners' hearing room of the Norton County Courthouse, 105 S. Kansas, Norton, on the proposal for the Kansas Development Finance Authority to issue its Agricultural Development Revenue Bonds for the project numbered below, in the respective maximum principal amount. Each bond will be issued to assist the respective borrower (who will be the owner and operator of the respective project) to finance the cost in the amount of the bond of acquiring the respective project or for the purpose of refunding a bond previously issued to finance the respective project. The project shall be located as shown:

Project No. 000342, Maximum Principal Amount: \$162,436. Owner/Operator: Christopher Cox. Description: Acquisition of 320 acres of agricultural land and related improvements and equipment to be used by the owner/operator for farming purposes. Location: Sections 25 and 26, Aldine Township, Norton County, Kansas; approximately 6 miles north and 11/2 miles east of Norton on Highway 283.

Each bond, when issued, will be a limited obligation of the Kansas Development Finance Authority and will not constitute a general obligation or indebtedness of the State of Kansas or any political subdivision thereof, including the Authority, nor will it be an indebtedness for which the faith and credit and taxing powers of the State of Kansas are pledged. Each bond will be payable solely and only from amounts received from the respective borrower, the obligation of which will be sufficient to pay the principal of, interest and redemption premium, if any, on each bond as and when it shall become due.

All individuals at the hearing will be given an opportunity to express their views for or against the proposal to issue any specific bond for the purpose of financing the respective project, and all written comments previously filed with the Authority at its offices at Suite 1000, Jayhawk Tower, 700 S.W. Jackson, Topeka, 66603, will be considered. Additional information regarding the project may be obtained by contacting the Authority.

Any individual affected by the above described project may, at or prior to the hearing, file a written request with the Authority that a local hearing be held on the proposal to issue a bond to finance said project. A local hearing, if requested, would be conducted in the county where the

project in question is located.

Wm. F. Caton President

# Department of Administration

### **Public Notice**

Under requirements of K.S.A. 1996 Supp. 65-34,117(c), records of the Division of Accounts and Reports show the unobligated balances are \$254,890.46 in the underground petroleum storage tank release trust fund and \$552,605.81 in the aboveground petroleum storage tank release trust fund at May 31, 1997.

Daniel R. Stanley Secretary of Administration

Dec. No. 019218

### State of Kansas

# Kansas Development Finance Authority Notice of Hearing

A public hearing will be conducted at 10 a.m. Friday, June 27, in the Senate Room of the Jayhawk Tower, first floor, 700 S.W. Jackson, Topeka, on the proposal for the Kansas Development Finance Authority to issue its Agricultural Development Revenue Bonds for the projects numbered below, in the respective maximum principal amount. Each bond will be issued to assist the respective borrower (who will be the owner and operator of the respective project) to finance the cost in the amount of the bond of acquiring the respective project or for the purpose of refunding a bond previously issued to finance the respective project. Each project shall be located as shown:

Project No. 000343, Maximum Principal Amount: \$61,020. Owner/Operator: Jacob and Shelli Heinz. Description: Acquisition of 100 acres of agricultural land and related improvements and equipment to be used by the owner/operator for farming purposes. Location: Section 4, Kinsley Township, Edwards County, Kansas; approximately 3/4 mile south of Kinsley on unmarked gravel road.

\$30,000. Owner/Operator: Gary C. and Lisa A. Keating. Description: Acquisition of 38 acres of agricultural land and related improvements and equipment to be used by the owner/operator for farming purposes. Location: Section 32, Concord Township, Ottawa County, Kansas; approximately 1 mile east, 3 miles south, 1 mile east, 1 mile south, ½ mile west, 1 mile south, 1 mile west and 1 mile north from Minneapolis on K-106.

Each bond, when issued, will be a limited obligation of the Kansas Development Finance Authority and will not constitute a general obligation or indebtedness of the State of Kansas or any political subdivision thereof, including the Authority, nor will it be an indebtedness for which the faith and credit and taxing powers of the State of Kansas are pledged. Each bond will be payable solely and only from amounts received from the respective borrower, the obligation of which will be sufficient to pay the principal of, interest and redemption premium, if any, on each bond as and when it shall become due. All individuals at the hearing will be given an opportunity to express their views for or against the proposal to issue any specific bond for the purpose of financing the respective project, and all written comments previously filed with the Authority at its offices at Suite 1000, Jayhawk Tower, 700 S.W. Jackson, Topeka, 66603, will be considered. Additional information regarding any of the projects may be obtained by contacting the Authority.

Any individual affected by the above described projects may, at or prior to the hearing, file a written request with the Authority that a local hearing be held on the proposal to issue a bond to finance said project. A local hearing, if requested, would be conducted in the county where the project in question is located.

Wm. F. Caton President

Doc. No. 019235

### State of Kansas

# Department of Transportation

### **Request for Comments**

The Kansas Department of Transportation requests comments on the amendment of the Statewide Transportation Improvement Program (STIP) FY 97-99 by adding the following projects:

Project C-3188-01, Grading and bridge replacement, 6.8 miles north and 3.6 miles east of Washington on Mill creek, Washington County

**Project C-3512-01,** Grading and bridge replacement, 8 miles south and 4.4 miles west of Louisburg on Walnut Creek, Miami County

Project U-1579-01, Construct new roadway, 8th Street from Skyline Road north to Goff Street in Arkansas City, Cowley County

Project C-3513-01, Grading and surfacing, Community Drive from Main Street north to US-36 in Seneca, Nemaha County

Project X-1956-01, Signing, Burlington Northern railroad crossings in Cherokee, Crawford and Bourbon counties

Project X-1969-01, Signing, Central Kansas railroad crossings in Kingman and Sedgwick counties

The STIP amendment requires a 30-day public comment period. To receive more information on any of these projects or to make comments on the STIP amendment, contact the Kansas Department of Transportation, Office of Engineering Support, 7th Floor, Docking State Office Building, 915 S.W. Harrison, Topeka, 66612-1568, (913) 296-7916, fax (913) 296-0723.

This information is available in alternative accessible formats. To obtain an alternative format, contact the KDOT Office of Public Information, (913) 296-3585 (Voice/TTY).

The comment period regarding the STIP amendment will conclude July 11.

E. Dean Carlson Secretary of Transportation

# State Employees Health Care Commission

# **Notice of Meeting**

A Health Care Commission meeting has been scheduled from 9:30 to 11:30 a.m. Tuesday, June 24, in Room 123-S, State Capitol, 300 S.W. 10th Ave., Topeka. For further information, contact the Benefits Office at (913) 296-6280.

Duane Nightingale Chair

Doc. No. 019211

#### State of Kansas

# Kansas, Inc.

### **Notice of Meeting**

The Kansas, Inc. Board of Directors will meet from 10 a.m. to 4 p.m. Friday, June 20, at the Johnson County Business Tech Center, 9875 Widmere (1 block west of Pflumm almost to 99th), Lenexa. The meeting is open to the public.

Charles R. Warren President

Doc. No. 019215

### State of Kansas

# Department of Health and Environment

# Notice of Hearing on Proposed Administrative Regulations

The Kansas Department of Health and Environment will conduct a public hearing at 10 a.m. Tuesday, August 12, in the MTAA conference room, Air Terminal Building, Forbes Field, 6700 S. Topeka Blvd., Topeka, to consider adoption of new permanent administrative regulations K.A.R. 28-15-50 through 28-15-65.

**Summary of Proposed Regulations** 

These regulations are necessary to implement the Kansas Public Water Supply Loan Fund. The fund will provide low-interest rate loans to public water suppliers to finance infrastructure improvements. The Kansas Public Water Supply Loan Fund was created by the 1994 Legislature in anticipation of a national program with federal appropriations to provide seed money. The national program was not established until President Clinton signed the 1996 amendments to the Safe Drinking Water Act August 6, 1996.

The regulations address several issues related to application for financial assistance from the fund and conditions which loan recipients must meet. Requirements for dedicated loan repayment sources, repayment of loans, rate systems, public participation, environmental review, project documents, project accounts, financial capability and interest rates are included. The regulations also address eligible uses of the fund and contain procedures which would apply if loan payments are missed.

### **Environmental Benefit**

The proposed regulations will not have an impact on the environment. There will be a public health benefit as public water systems construct facilities necessary to treat and deliver safe drinking water to their customers.

### **General Public**

The proposed regulations will not impose any new costs on the general public.

**Public Water Supply Systems** 

The proposed regulations will only be applicable to public water suppliers who choose to apply for loans. Water suppliers who obtain financing from the fund will achieve a cost savings as loans will be made at 80 percent of a common municipal finance index, there will be no need for temporary financing during construction, and the costs of issuance associated with revenue or general obligation bonds will not be incurred.

The Kansas Rural Water Finance Authority provided examples of anticipated savings based on actual financings. Debt service savings of \$120,490 on a \$550,000 financing, and \$238,492 on a \$1,135,000 financing, could have been realized if loans had been available from the fund.

**State Agencies** 

The regulations will be implemented by the KDHE with assistance from the Kansas Development Finance Authority. The KDHE FY '98 budget authorizes an expenditure of \$340,000 in federal funds to implement the loan program. The KDHE is considering contracting with a third party to assist in this effort.

The time period between publication of this notice and the scheduled hearing constitutes a public comment period for the purpose of receiving written comments prior to the hearing. All interested parties may submit written comments prior to the hearing to the Kansas Department of Health and Environment, Attn: Linda White, Bureau of Water, Public Water Supply Section, Forbes Field, Building 283, Topeka, 66620. All interested parties will be given a reasonable opportunity to present their views orally during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to limit oral presentations to five minutes.

Copies of the proposed regulations may be obtained by contacting Linda White, (913) 296-5514. A copy will be available for inspection at the Kansas Department of Health and Environment, Bureau of Water, Topeka.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Linda White.

Gary R. Mitchell Secretary of Health and Environment

# Kansas State University

### **Notice to Bidders**

Sealed bids for items listed below will be received by the Kansas State University Purchasing Office, Manhattan, until 2 p.m. local time on the date indicated and then will be publicly opened. Interested bidders may call (913) 532-6214 or fax (913) 532-5632 for additional information.

# Monday, June 23, 1997 #70329

Turbomolecular drag pumps

William H. Sesler Director of Purchasing

Doc. No. 019232

State of Kansas

# Department of Administration Division of Purchases

### **Notice to Bidders**

Sealed bids for the following items will be received by the Director of Purchases, Landon State Office Building, 900 S.W. Jackson, Room 102, Topeka, until 2 p.m. on the date indicated and then will be publicly opened. Interested bidders may call (913) 296-2377 for additional information.

### Monday, June 23, 1997

32546

Topeka Juvenile Correctional Facility—Medical services

6145

Fort Hays State University—Scientific equipment 6146

Department of Agriculture—Proximate analysis system

6147

Department of Transportation—Balances, Salina and Garden City

6156

University of Kansas—Combinational chemistry apparatus plus computer and software

6157

Kansas State University—Furnish and install stage lighting equipment

#### Tuesday, June 24, 1997

32542

Kansas State University—July (1997) meat products

Parsons State Hospital—Furnish and install steam water heater

6158

Youth Center at Atchison—Telecommunications installation

6162

Department of Revenue—Mailing equipment 6163

University of Kansas-Mailing equipment

# Wednesday, June 25, 1997

A-8222

Kansas Highway Patrol—Remodel Kansas Highway Patrol Office

32539

Department of Administration, Central Motor Pool-Vehicle preventive maintenance service, Wichita 32541

Kansas State University—Post mix beverages

Thursday, June 26, 1997

Kansas State University—Frozen foods

Kansas State University—Canned goods

Friday, June 27, 1997

32544

A-8013

Department of Transportation—Addition to sub-area shop, Ellsworth

32545

Kansas State University-Salina—Furnish laundry equipment for student housing

6159

Department of Administration, Division of Architectural Services—Microcomputer components 6160

Department of Social and Rehabilitation Services
Handicapped van modification, Olathe

, Monday, June 30, 1997

32536

University of Kansas—DEC workstations, servers, upgrades and accessories

Tuesday, July 1, 1997

A-7865

Emporia State University—Reroof projects, various roofs

32540

Department of Transportation—Rock salt and ice and snow removal, statewide

Wednesday, July 2, 1997 A-8221

Department of Wildlife and Parks—Repair of north dam, Jamestown State Waterfowl Management Area, Jamestown

Request for Proposals

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Wednesday, July 2, 1997

32527

Pre-paid long distance calling cards for the all Regents universities

Wednesday, July 9, 1997

32538

External and internal review for the Department of Transportation

John T. Houlihan Director of Purchases

# Secretary of State

### **Notice of Corporations Forfeited**

In accordance with K.S.A. 17-7510, the articles of incorporation of the following corporations organized under the laws of Kansas and the authority of the following foreign corporations authorized to do business in Kansas were forfeited during the month of May 1997 for failure to timely file an annual report and pay the annual franchise tax as required by the Kansas general corporation code:

# **Domestic Corporations**

Accurate Information Services, Inc., Lenexa, KS. Agan Enterprises, Inc., Shawnee, KS. American Elevations, Inc., Hays, KS. Americans for Hope, Growth and Opportunity, Inc., Bedminster, NJ. Auto Parts West, Inc., Topeka, KS. Brinkman Popall Popper, Inc., Topeka, KS. Bryan World Travel of Overland Park, Inc., Topeka, KS. Bryant, Lahey and Barnes, Inc., Mission, KS. Building Corporation of Kansas Gamma Mu Chapter of Alpha Tau Omega, Shawnee Mission, KS. C.L. Canfield Constructors, Inc., Topeka, KS.

Carl & Jean's Vacuum and Sewing Country, Inc., Wichita, KS.

Clark's Jewelry, Inc., Wichita, KS. College Sports Information Directors of America, Inc., Overland Park, KS.

Exline International, Inc., Salina, KS. Forrest United Super, Inc., Kansas City, MO. G & M Wholesale, Inc. Olathe, KS.

Goodwin Pro Turf, Inc., Overland Park, KS.

H.B.G. Management, Inc., Overland Park, KS.

Heasty and Son, Inc., Independence, KS. JMB Distributors, Inc., Wellington, KS.

Johnson County Breakfast Sertoma Club, Shawnee Mission, KS.

K.C. Colors, Ltd., Leawood, KS.

Kansas Seismic Exchange, Inc., Wichita, KS.

Key West, Ltd., Chanute, KS.

La Cuesta Corporation, Wichita, KS.

Landmark Construction Corporation of Kansas, Wichita, KS

Law Offices of S. A. (Tim) Scimeca, P.A., Wichita, KS.

Mid-Continent Blimpie, Inc., Tonganoxie, KS.

Nonken Electric, Inc., El Dorado, KS.

Paul Bower & Associates, Inc., Shawnee Mission, KS.

Robert Schmitt, Oil & Gas, Inc., Kinsley, KS. S & N Enterprises II, Inc., Kansas City, KS.

Technical Irrigation Service, Inc., Montezuma, KS.

The Way to Life Church, Inc., Derby, KS.

Thousand Adventures of Kansas, Inc., Blair, NE.

Topeka Engineers Club, Topeka, KS.

Topeka School of Medical Technology, Inc.,

Topeka, KS.

United Industries, Inc., Wichita, KS. W. W. Land and Cattle, Inc., Leoti, KS.

# **Foreign Corporations**

Ameri-I-Net Services, Corp., Manalapan, NI Anacon Foods Company, Minneapolis, MN. Assessment Systems, Inc., Orlando, FL. Atlas Oil, Inc., Oklahoma City, OK. Auto-Sound Co. (a Minnesota Corporation), Minneapolis, MN.

Best Buy Stores, L.P., Topeka, KS.

C.P.S. Distributors, Inc., Kansas City, MO.

Calido Chile Traders Systems, Inc., Merriam, KS.

Congregation Beth Israel Abraham and Anshy Volener, Kansas City, MO.

Coughlin and Company, Inc., Denver, CO.

Custodis-Ecodyne, Inc., Somerville, NJ. Deweze Manufacturing, Inc., Harper, KS.

Douglass, Dietz, and Daley, Inc., Oklahoma City, OK.

Dr. Vinyl of Independence/Blue Springs, Inc.,

Independence, MO.

Forte Hotels Reservations, Inc., New York, NY.

Gourley Enterprises, Inc., Kansas City, KS.

Gulfstar Corporation, Dallas, TX.

Harley Industries, Inc., Tulsa, OK.

Holloman Construction Co., Odessa, TX.

Industrial Enterprise, Sandblast & Paint, Inc.,

Tarpon Springs, FL

Joy Technologies Inc., Pittsburgh, PA.

Kan-Vil Restaurant Systems, Inc., Fremont, NE.

Kansas City Distribution Services, Inc., Kansas City, MO.

King Maker Marketing, Inc., Mayfield, NY.

Lanoha Leasing Limited Liability Company, Englewood, CO.

Martin's Rat Hole Drilling, Inc., Greenfield, OK.

MCLI, Inc., Kansas City, MO.

Microserv, Inc., Kirkland, WA.

Mountain Mechanical Contractors, Inc.,

Fayetteville, AR.

PCL Construction Services, Inc., Minneapolis, MN.

Petroventures, Inc., Littleton, CO.

QJTAAK, Incorporated, Topeka, KS.

Roemer Oil Company, Abbeville, LA.

Roma Food Enterprises of Texas, Inc., Irving, TX.

Securities America, Inc., Omaha, NE.

Select Well Servicing, Inc., Hennessey, OK.

SF Services, Inc., North Little Rock, AR.

Sunwest N.O.P., Inc., Las Vegas, NV

The J.B. Sutton Group, Inc., New York, NY.

The National Auctioneers Association Foundation, Overland Park, KS.

The Rams-Head Company, Des Plaines, IL.

The Toro Company, Bloomington, MN.

Tulsa Gauge & Instrument Company, Tulsa, OK.

United Bank Club Association, Inc., Norman, OK.

Ziebart of Kansas City, Inc., Troy, MI.

Ron Thornburgh Secretary of State

# Department of Administration Division of Architectural Services

# Notice of Commencement of Negotiations for Technical Services

Notice is hereby given of the commencement of negotiations for surveying and soil testing services for state construction projects for the six-month period from July 1, 1997 to December 31, 1997. Soil testing services would include testing and reporting prior to construction and inspection services during construction. Firms that provide concrete, welding, asphalt, steel, lead paint and hazardous material testing also are being sought.

Firms interested in providing these services should submit an SF 254 form indicating their qualifications, fees for their services, and geographical areas of the state in which they are willing to work to Gary Grimes, Deputy Director of Planning and Project Management, Division of Architectural Services, 625 Polk, Topeka, 66603-3288, (913) 233-9367, ext. 204. An original of the SF 254 form (plus attachments as required) should be submitted with letters of interest.

It is the intention of the division to pre-approve a separate group of qualifying surveying and testing firms and award projects on a rotational basis. If a firm anticipates being limited to specific-sized projects, by dollar volume or location in the state, that information also should be supplied with the response.

Any questions or expressions of interest should be directed to Gary Grimes before 5 p.m. June 27.

Thaine Hoffman, AIA Director, Division of Architectural Services

Doc. No. 019216

# State of Kansas Wildlife and Parks Commission

# Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted by the Wildlife and Parks Commission at 7 p.m. Wednesday, August 13, at the Great Plains Nature Center, 6232 E. 29th, Wichita, to consider the approval and adoption of proposed department regulations.

A workshop meeting on business of the Wildlife and Parks Commission will begin at 1:30 p.m. August 13 at the location listed above. The meeting will recess at 5 p.m., then resume at 7 p.m. at the same location for the regulatory hearing. There will be public comment periods at the beginning of the afternoon and evening meetings for any issues not on the agenda, and additional comment periods will be available during the meeting on agenda items. Old and new business also may be discussed at this time. If necessary to complete the hearing or other business matters, the commission will reconvene at 9 a.m. August 14 at the same location.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Cindy Baugh, commission secretary, at (316) 672-5911. Persons with a hearing impairment may call the TDD service at 1-800-766-3777 to request special accommodations.

This 60-day notice period prior to the hearing constitutes a public comment period for the purpose of receiving written public comments on the proposed regulations.

All interested parties may submit written comments prior to the hearing to the chairman of the commission, Kansas Department of Wildlife and Parks, Suite 502, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612. All interested parties will be given a reasonable opportunity at the hearing to express their views orally in regard to the adoption of the proposed regulations. During the hearing, all written and oral comments submitted by interested parties will be considered by the commission as a basis for approving, amending and approving, or rejecting the proposed regulations.

The regulations that will be heard during the regulatory hearing portion of the meeting are as follows:

### K.A.R 115-1-1. Definitions.

K.A.R. 115-3-2. Rabbits, hares and squirrels; legal equipment, taking methods and possession.

K.A.R. 115-25-2. Rabbits; open seasons, bag limit and possession limit.

Amendments to all three of these regulations are being proposed in conjunction with one another, in order to create running seasons for rabbits that will run concurrently with the furbearer running seasons. These changes would allow rabbits to be run at night during these seasons. The proposed amendment to K.A.R. 115-1-1 would add rabbits to the definition of "running," which is currently restricted to furbearers. The proposed amendment to K.A.R. 115-3-2 would establish two management units for the running of rabbits and allow rabbits to be run at night during established running seasons. The proposed amendments to K.A.R. 115-25-2 would establish running seasons in these management units. Rabbit hunting would continue to be allowed during daylight hours year round.

Economic Impact Summary: The number of persons who may run rabbits with hounds in Kansas is anticipated to be small, and the proposed changes are not anticipated to have an economic impact on the department, the general public or other agencies.

K.A.R. 115-2-3. Other fees and charges. This permanent regulation establishes camping, utility and similar fees. One proposed amendment would establish an annual camping permit to be valid at any state park at a fee of \$100. In another change, the fee for a private cabin or organization annual lease would increase to \$500, and club and organizational cabin sites would no longer be listed at a separate fee rate. Current lessees (as of September 1, 1997) who must sign a new lease prior to December 1, 1999, would be charged \$300 for an annual lease. Other amendments would increase the private boat dock an-

nual fee to \$25, establish a transfer fee for private cabin leases, and clarify the expiration dates for the annual camping permit and other multi-day permits. The amended regulation would take effect January 1, 1998.

Economic Impact Summary: Although the economic impact from establishment of an annual camping permit is difficult to predict, the department expects it to have a small positive impact on the department's revenues. In the absence of an annual camping permit, department revenues have increased with the sale of additional daily permits. However, the proposed price of \$100 would cover the average cost of maintaining a campsite; if the establishment of an annual camping permit encourages additional persons to visit state parks, then the overall economic impact to the department should be positive. Other amendments that increase the fees for private leases would provide some economic benefit to the department and would impose a cost on some of the private lessees. Otherwise, the changes would have no economic impact on other agencies or on the state.

K.A.R. 115-9-5. Hunting, fishing and furharvester licenses; state park permits, effective dates. This regulation provides that annual hunting, fishing, or furharvesting licenses purchased after a mid-December date established by the department, but purchased for the next calendar year, are immediately valid after purchase. The proposed amendment would allow annual park permits and trail passes to be treated in the same manner.

Economic Impact Summary: The amendment is expected to provide some economic benefit to the department, through the sale of additional permits in December, which is normally a low revenue-producing month. To the extent that the amendment might increase the number of visitor days to state parks, the amendment would provide some economic benefit to businesses providing goods and services to park users. The amendment would not be expected to have an economic impact on other state agencies.

K.A.R. 115-18-13. Dark geese; management units, permits and restrictions. This regulation establishes dark goose hunting units, defines dark geese and establishes a permit requirement for the hunting of dark geese in those units. A proposed amendment would combine two current units into one Flint Hills unit. A second amendment would eliminate the requirement of carcass tags from the new unit, although they would still be required in the other units. A third amendment would eliminate the requirement that the tags be signed and dated when they are attached immediately following a kill. Other proposed amendments would simply clarify current law.

Economic Impact Summary: The proposed amendments are intended to simplify and clarify dark goose units and hunting requirements, and are not expected to have an economic impact on the department, the public or other state agencies.

Copies of the complete text of the regulations and their respective economic impact statements may be obtained by contacting the chairman of the commission at the address above or by calling (913) 296-2281.

John R. Dykes Chairman State of Kansas

# **Attorney General**

Opinion No. 97-47

Public Utilities—Powers of State Corporation Commission; Electric Public Utilities—Rules, Regulations and Procedure; Change of Rates or Schedules; Procedure. Senator Stan Clark, 40th District, Oakley, May 15, 1997.

The holding in Energy Reserve Group, Inc. v. Kansas Power & Light Co., 230 Kan. 176 (1981), cannot be construed as conclusive authority for the constitutionality of legislative intervention into private electric utility contracts, but the case does provide the criteria which legislative intervention must meet in order to overcome a constitutional challenge for impairing a contract. The State Corporation Commission has the authority to abrogate utility contracts, but only after an express finding that the contracts at issue are unreasonable, unjustly discriminatory, unduly preferential and adversely impacting the public welfare. Cited herein: K.S.A. 55-402; 55-404; K.S.A. 1996 Supp. 66-101b; 66-101c; 66-101d; 66-101e; 66-101f, GE

# Opinion No. 97-48

Automobiles and Other Vehicles—Uniform Act Regulating Traffic; Parties, Arrests, Citations, Procedures and Penalties—Failure to Comply with Traffic Citation; Misdemeanor; Suspension of Driver's License; Reinstatement Fee; Amount of Fee Assessed when Charges are in the Alternative. Barry Arbuckle, Valley Genter City Attorney, Wichita, May 15, 1997.

The reinstatement fee imposed pursuant to K.S.A. 1996 Supp. 8-2110(c) for failure to comply with a traffic citation, is based on the number of separate and distinct charges set forth in the citation. The court should assess \$50 for each charge on which the person fails to comply, regardless of the final disposition of those charges. However, if the citation contains alternative charges, the fee should be assessed for only one of the alternatives. Cited herein: K.S.A. 1996 Supp. 8-1567; K.S.A. 8-2104; K.S.A. 1996 Supp. 8-2106; 8-2110; K.S.A. 22-2201; L. 1988, Ch. 50, §§ 2, 4; L. 1985, Ch. 78, § 2. JLM

### Opinion No. 97-49

Legislature—Legislative Post Audit—Access to Records of State Agencies and Certain Persons; Duty of Confidentiality.

Taxation—Income Tax; Administration—Tax Information; Limits on Dissemination and Use; Disclosure to Legislative Post Audit. John D. LaFaver, Secretary, Kansas Department of Revenue, Topeka, May 27, 1997.

K.S.A. 1996 Supp. 79-3234 and K.S.A. 46-1106(g) authorize the post auditor to access from the Department of Revenue state income tax returns and return information necessary for the conduct of an audit directed by the Legislative Post Audit Committee pursuant to K.S.A. 46-1108. 26 U.S.C.A. § 6103 does not prohibit disclosure of state income tax returns or return information to the post au-

(continued)

ditor pursuant to K.S.A. 1996 Supp. 79-3234 and K.S.A. 46-1106(g). Cited herein: K.S.A. 46-1106; 46-1108; 46-1114; 46-1119; K.S.A. 1996 Supp. 79-3234; 26 U.S.C.A. § 6103; 26 C.F.R. § 301.6103(a)-1, (p)(7)-1. JLM

Carla J. Stovall Attorney General

Doc. No. 019233

# State of Kansas

# Kansas Commission on Governmental Standards and Conduct

### **Advisory Opinion No. 97-18**

Written May 29, 1997, to Ron Smith, General Counsel, Kansas Bar Association, Topeka.

This opinion is in response to your letter of May 5, 1997, in which you request an opinion from the Kansas Commission on Governmental Standards and Conduct concerning the lobbying provisions of the state level conflict of interest laws (K.S.A. 46-215 et seq.). We note at the outset that the commission's jurisdiction is limited to the application of K.S.A. 46-215 et seq., and whether some other statutory system, common law theory or agency rule and regulation applies to your inquiry is not covered by this opinion.

#### **Factual Statement**

We understand you request this opinion in your capacity as general counsel and lobbyist for the Kansas Bar Association. You advise us that Section 1 of House Bill 2064, which becomes law on July 1, 1997, amends K.S.A. 46-269 by requiring lobbyists to keep detailed accounts of reportable lobbying expenditures, and that all accounts, records and documents relating to lobbying expenditures must be maintained and preserved by the lobbyist.

#### Question

Based on this factual statement, you ask us the following questions:

- 1. What constitutes a "detailed account" of all lobbying expenditures required to be reported?
- 2. Is the phrase "accounts, records and documents" in K.S.A. 46-269(e) to be construed substantially the same as "detailed accounts" in K.S.A. 46-269(b)? If not, how will they differ?
- 3. Is the phrase requiring the keeping of records for expenses which "should have been reported" an ex post facto law? If so, will the commission implement amended subsection (e) in a prospective manner?

#### **Opinion**

K.S.A. 46-269 subsections (b) and (e), as amended by House Bill 2064, state in pertinent part:

- (b)... Every lobbyist shall keep detailed accounts of all expenditures required to be reported pursuant to K.S.A. 46-268, and amendments thereto....
- (e) All accounts, records and documents of the lobbyist which relate to every expenditure reported or which should have been reported shall be maintained and preserved by the lobbyist . . . and may be inspected under conditions determined by the commission.

## K.A.R. 19-63-6 provides the following:

Records in support of every report or statement filed shall be maintained and preserved by the lobbyist for a period of five years from the date of the filing of the report or statement and may be inspected by and under conditions determined by the commission. At a minimum, each lobbyist shall maintain the following records:

- (a) A detailed account of all lobbying expenditures, including:
- (1) the full name and address of the person to whom the payment is made;
- (2) the purpose of the expenditure;
- (3) the date of the expenditure, including both the date of contracting and the date of payment; and
- (4) the amount of the expenditure;
- (b) a bill, statement, contract or other documentation of the agreement between the parties; and
- (c) the check or other instrument by which payment was made.

We first note that K.A.R. 19-63-6 applied to lobbyists' records prior to K.S.A. 46-269 being amended. However, every lobbyist who complies, at a minimum, with the guidelines of this regulation will be deemed to have a "detailed account" of lobbying expenditures under amended subsection (b), and will have sufficient "accounts, records and other documents" under amended subsection (e).

Turning to your third question, K.S.A. 46-269(e) originally required lobbyists to keep records in support of every report or statement filed. As amended, this section requires lobbyists to keep records in support of every report or statement filed or which should have been filed. Since there is a new statutory requirement for the maintaining of lobbying records, this section will be applied in a prospective manner and all records relating to lobbying expenditures that will be or should be reported after July 1, 1997, will need to be maintained by the lobbyist.

### **Advisory Opinion No. 97-19**

Written May 29, 1997, to Ron Smith, General Counsel, Kansas Bar Association, Topeka.

This opinion is in response to your letter of May 5, 1997, in which you request an opinion from the Kansas Commission on Governmental Standards and Conduct concerning the lobbying provisions of the state level conflict of interest laws (K.S.A. 46-215 et seq.). We note at the outset that the commission's jurisdiction is limited to the application of K.S.A. 46-215 et seq., and whether some other statutory system, common law theory or agency rule and regulation applies to your inquiry is not covered by this opinion.

#### **Factual Statement**

We understand you request this opinion in your capacity as general counsel and lobbyist for the Kansas Bar Association. You advise us that House Bill 2064, which becomes law on July 1, 1997, amends K.S.A. 46-267 by making oral lobbying contracts unenforceable in court. You further advise us that the legislature and courts have determined that some contracts are illegal and thus unenforceable unless the contracts are in writing.

#### Ouestion

Based on this factual statement, you ask us the following questions:

- 1. Can new subsection (c) of K.S.A. 46-267 override the validity of a lobbying contract executed in Missouri and made subject to Missouri law if brought to Kansas under the "full faith and credit" clause of the United States constitution?
- 2. Several association employees and executives do not have written contracts. Does new subsection (c) require a valid written contract for association executives who lobby?
- 3. If a lobbyist is subject to such a contract, must be or she retain a copy as a "document" for purposes of K.S.A. 46-269 as amended?
- 4. In the past, K.S.A. 46-267 applied only to contingency fee contracts. Now that the statute covers all lobbying contracts, what role in the enforcement of lobbying contracts will the commission exercise?
- Can the parties mutually agree to waive new sub-
- 6. Can new subsection (c) be waived in an emergency, such as when an industry needs immediate lobbying action?
- 7. Is the violation of new subsection (c) a misdemeanor? Can a violator also face civil penalties or fines from the commission?

**Opinion** 

K.S.A. 46-267 as amended by House Bill 2064 states:

- (a) No person shall pay or accept or agree to accept or arrange for a third party to pay or agree to pay present, future, promised or contingent compensation, or any part thereof, for lobbying which is contingent upon the result achieved or attained.
- (b) No person shall pay or accept or agree to pay or accept. present, future, promised or contingent compensation, or any part thereof, for the referral of a person or persons to a lobbyist for lobbying services.
- (c) No lobbying contract or agreement shall be valid or enforceable in a court of law unless it is in writing, signed by all parties thereto and was executed prior to the lobbyist's commencement of lobbying for the represented person under such contract or agreement. Any such lobbying contract or agreement shall be invalid and unenforceable unless such lobbyist complies with all lobbying laws and lobbyist reporting requirements of this act.

We first note that, in our opinion, new subsection (c) does not make oral lobbying contracts illegal, but invalid and unenforceable in a court of law. If the legislature had intended for oral lobbying contracts to be illegal, it could have used the same language as found in subsections (a) and (b). The legislature also has clearly stated by the wording of new subsection (c) that the courts are responsible for the administration of this particular subsection.

Therefore, questions 1, 2, 5 and 6 involve questions of contract law that are beyond the jurisdiction of the commission to answer. The validity and enforcement of oral lobbying contracts are questions for the courts; therefore, the commission will not exercise any enforcement of new subsection (c) through civil penalties or fines. Since the commission has civil, not criminal, jurisdiction over K.S.A. 46-267, the issue of whether new subsection (c) is a misdemeanor should be addressed to the Kansas Attorney General's office.

Turning to question 3, K.S.A. 46-269(e) has been amended to require lobbyists to maintain all "accounts, records and documents . . . which relate to every expenditure reported or which should have been reported. . . ." Therefore, unless the contract involves a lobbying expenditure which should be reported, the contract would not have to be kept for purposes of amended K.S.A. 46-269(e). However, the commission could still inspect a lobbying contract if a violation of K.S.A. 46-267(a) was alleged.

> Diane Gaede Chairwoman

Doc. No. 019222

### State of Kansas

# Department of Administration Division of Personnel Services

# Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 10 a.m. Tuesday, August 19, in Room 108, Landon State Office Building, 900 S.W. Jackson, Topeka, to consider the adoption of proposed permanent rules and regulations of the Department of Administration, Division of Personnel Serv-

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the Secretary of Administration, Room 263-E, State Capitol, 300 S.W. 10th Ave., Topeka, 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request each participant to limit any oral presentation to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Faith Loretto at (913) 296-6000 or (913) 296-4798 (TTY). Handicapped parking is located at the south end of Landon State Office Building, and the north entrance to the building is acces-

Summaries of the proposed regulations and of their economic impact follow. In order to decentralize some aspects of the state's human resource processes and to provide agencies with greater flexibility in compensation and recruitment procedures, the following regulations are proposed for amendment or revocation.

K.A.R. 1-5-7 (Employees to be paid within pay grade; recommendation and approval of employee pay chan-

ges; effective date; retroactive increases) is being revised to allow the appointing authority to determine employee pay changes in a manner prescribed by the director, subject to the requirement that each employee must be paid within the pay grade adopted for the class of positions and at the step within the pay grade as prescribed by regulations. Similarly, either the appointing authority or the director could approve retroactive pay changes within limits established by the regulation. Currently, an appointing authority can only recommend pay changes to the director and only the director is authorized to approve retroactive pay increases. The revisions would also require the appointing authority to report to the director all pay changes, in a manner prescribed by the director.

K.A.R. 1-5-8 (Beginning pay) is being revised to allow the appointing authority to approve beginning pay above step one in the pay grade if the individual has exceptional qualifications directly related to the position. The appointing authority will be required to report to the director all hires above step one in a manner prescribed by the director. Under the existing regulation, approval of the director is required for beginning pay above step one due to exceptional qualifications. An additional amendment provides that the beginning pay for unclassified employees hired into classified positions will be determined in accordance with this regulation.

K.A.R. 1-5-12 (Pay of employee hired to classified service from unclassified service) is being revoked. It is no longer necessary due to the proposed amendment to K.A.R. 1-5-8.

K.A.R. 1-5-13 (Pay of employee promoted to a higher class) is being revised to allow the appointing authority to pay an employee at a higher step than would otherwise be permitted under the regulation if the employee is promoted with exceptional qualifications. The appointing authority will be required to report to the director all promotions to a higher step based on exceptional qualifications, in a manner prescribed by the director. Under the existing regulation, approval of the director is required for higher pay due to exceptional qualifications.

K.A.R. 1-5-19c (Effect of pay grade changes on pay) is being revised to eliminate a sentence stating that an employee in a class that has been assigned to a higher pay grade may be placed on step two of the new grade if the employee has been employed continuously in the class for at least six months. This sentence is not needed as other existing provisions require time spent on the step of the previous pay grade to be applied toward the time-on-step requirement for the next pay increase date on the new pay grade; therefore, an increase to step 2 would be permitted if the time-on-step requirement for step 2 has been completed.

K.A.R. 1-6-29 (Acting assignments) is being revised to allow the appointing authority to approve an acting assignment for an employee, for not less than 30 days and not more than one year, without the approval of the director. The appointing authority will be required to report to the director all acting assignments. Currently, the approval of the director is required for acting assignments.

Approval of the director would still be required if an acting assignment is to exceed one year.

K.A.R. 1-6-31 (Governor's trainee program) is being revised to improve the program's usefulness as a tool in carrying out agency affirmative action plans. The changes include allowing an agency to select a candidate that already meets the selection criteria for the regular class as long as the individual is a member of the underutilized group.

K.A.R. 1-7-11 (Employees entitled to appeal performance reviews) is being revised to allow the appointing authority to extend an employee's probationary period pending the completion of an evaluation appeal committee's final report. The appointing authority will be required to report to the director all probationary extensions. Currently, the approval of the director is required to extend probation while an evaluation appeal committee is preparing a final evaluation.

K.A.R. 1-10-7 (Relief from duty or a change of duties of a permanent employee, with pay, under certain circumstances) is being revised to allow the appointing authority to relieve from duty or change the duties of any employee for not more than 30 days during an investigation related to a potential disciplinary action. If the relief from duty or change in duties is to be extended beyond 30 days, a copy of the notice of extension that is given to the employee must be given to the director. Currently, approval of the director is required to relieve an employee from duty or to change the employee's duties

pending a disciplinary investigation.

Implementation of the amendments to K.A.R. 1-5-8, K.A.R. 1-5-13 and K.A.R. 1-6-29 would require approximately 28 hours of DISC programming to SHARP. The cost for programming changes is \$40 per hour for an estimated overall programming cost of \$1,120. In general, the amendments may permit state agencies to carry out these personnel actions without administrative delays for review and approval by the director, thereby permitting the agencies to complete them in a more timely manner. Similarly, some resources currently required to centrally review and approve some of these personnel actions may be available for other applications. However, these administrative efficiencies are not anticipated to result in any measurable economic impact on the Department of Administration, state employees, other state agencies or applicants. In addition, private citizens would not be affected by these changes to the regulations.

Copies of the proposed regulations and the associated economic impact statements may be obtained from the Division of Personnel Services, Room 951-S, 900 S.W. Jackson, Topeka, 66612, (913) 296-4278.

Daniel R. Stanley Secretary of Administration

# Social and Rehabilitation Services

# Permanent Administrative Regulations

### **Article 4.—PUBLIC ASSISTANCE PROGRAM**

**30-4-35.** Application process. (a) Attention given to requests. All applications, inquiries and requests for assistance shall be given prompt attention.

(b) Who may file. An application for public assistance shall be made by each applicant in person, or by another person authorized to act on the applicant's behalf.

- (c) Applications. An application for assistance shall be considered an application for any type of public assistance. The applicant or person authorized to act on behalf of the applicant shall sign the application. If the applicant or the applicant's representative signs by mark, the names and addresses of two witnesses shall be required.
- (d) Face-to-face interview. A face-to-face interview shall be required at the time of application unless there is good cause for waiving this requirement.

(e) Time in which application shall be processed.

- (1) Applications for assistance shall be approved or denied within 45 days of the agency's receipt of a signed application for assistance unless either of the following requirements is met.
  - (A) The application for assistance has been withdrawn.

(B) The required determination of eligibility cannot be made within 45 days due to the failure of the applicant or a collateral to provide necessary information.

- (2) If the agency takes action to deny an application within the 45-day time period and the applicant reapplies or provides required information within the 45-day time period, the application shall be reactivated, and, if eligible, benefits shall be provided from the date of application.
  - (f) Changes in circumstances.

(1) All changes in circumstances that affect assistance shall be acted upon within 30 days of being reported to

the agency.

- (2) Changes that result in an increase in benefits shall become effective in the month following the month in which the changes are reported, provided that any necessary verification is received within 10 days of request. If verification is not provided in a timely manner, the change shall be effective in the month following the month in which verification is received.
- (g) The effective date of this regulation shall be July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective May 1, 1981; amended May 1, 1984; amended May 1, 1988; amended July 1, 1989; amended July 1, 1997.)

### **30-4-110. Income.** (a) Definitions.

(1) "Earned income" means income, in cash or in kind, that an applicant or recipient currently earns, through the receipt of wages, salary, or profit, from activities in which the individual engages as an employer or as an employee with responsibilities that necessitate continuing activity on the individual's part.

(2) "Unearned income" means all income not earned.

(3) "Lump sum" means a non-recurring payment.

(b)(1) A client shall be ineligible when the total income without disregards exceeds 185% of the standards for budgetary requirements when budgeted prospectively for the number of persons in the plan. The following types of income shall be excluded from total income:

(A) Income-producing costs of the self-employed

listed in K.A.R. 30-4-111(d);

(B) the income of a child received from a youth program funded by the job training partnership act of 1982, as specified in K.A.R. 30-4-113(i); and

(C) the earned income of a child under age 18 who is a student in elementary or secondary school or who is

working towards attainment of a G.E.D.

(2) For purposes of this regulation, total income shall be regarded as the sum of all earned income, or adjusted gross income of the self-employed, with no exemptions, all nonexempt, unearned income and nonexempt, current support payments received and reported by the child support enforcement office.

(c) Treatment of income.

- (1) A prospective, retrospective, or income-average budgetary method shall be used to determine eligibility and the amount of the assistance payment for persons with income.
- (2) Prospective budgeting shall be used to determine initial eligibility and the amount of the assistance payment for the first two consecutive months. The budget estimate shall reflect the income received and the income expected to be received in each calendar month. Prospective budgeting shall also be used until the time retrospective or income-average budgeting is instituted and to determine ongoing eligibility beginning with the third consecutive month.
- (3) For eligible persons, as determined by prospective budgeting methods, retrospective budgeting shall be used to determine the amount of the assistance payment and ongoing eligibility beginning with the third consecutive month. Retrospective budgeting utilizes actual income received in a second prior month, as reported in the first prior month, to determine eligibility and the amount of the assistance for the payment month. Income shall be of a continuous nature to be considered in determining the amount of the assistance payment and eligibility for the first and second retrospective month. When income is received on a twice-a-month or monthly basis, the income shall be viewed as being received by the client on the day that the assistance payment is ordinarily scheduled
- (4) When a recipient is eligible on a prospective basis and there is no budgetary deficit resulting from retrospective budgeting, the assistance payment shall be suspended. If the recipient is eligible for the month following the month of suspension, retrospective budgeting shall be reinstated.

(5) When a recipient is ineligible on a prospective basis and the agency has reason to believe that the period of ineligibility will be only for one month, assistance shall continue using retrospective budgeting.

(6) When assistance is reinstated for the month following termination or suspension, retrospective budgeting

shall be reinstated.

- (7) Intermittent income or income from self-employment shall be considered and averaged. Intermittent income shall be divided by the proper number of months to establish the monthly amount. For self-employed persons with monthly income, the income average shall be based on the income earned during two or more representative months.
- (d) This regulation shall take effect on and after July 1, 1997. (Authorized by K.S.A. 1996 Supp. 39-708c; implementing K.S.A. 1996 Supp. 39-708c, 39-709; effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended, T-83-17, July 1, 1982; amended May 1, 1983; amended, T-84-25, Sept. 19, 1983; amended May 1, 1984; amended, T-85-26, Oct. 15, 1984; amended May 1, 1985; amended, T-88-14, July 1, 1987; amended May 1, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended March 1, 1997; amended July 1, 1997.)
- **30-4-111.** Applicable income. (a) "Applicable income" means the amount of earned and unearned income to be subtracted from the budgetary requirements in determining the budgetary deficit.

(b) Applicable earned income for persons included in the assistance plan shall equal gross earned income or the adjusted gross earned income from self-employment, less

the following items:

(1) Ninety dollars for each employed person;

(2) the earned income disregard of 40 percent of the remaining income, for the following persons in a TAF or foster care assistance plan:

(A) Each applicant who had received assistance in one

of the four preceding months; and

(B) each recipient; and

- (3) reasonable expenses for child care or expenses for the care of an incapacitated person. The amount of deductible dependent care shall not exceed \$200.00 per month per person for persons under age two or \$175.00 per month per person for persons age two or older. The dependent shall be included in the assistance plan before the deduction is allowed.
- (c) For self-employed persons, adjusted gross earned income shall equal gross earned income less costs of the production of the income. Income-producing costs shall include only those expenses directly related to the actual production of income. The following guidelines shall be used by the agency in calculating the cost of the production of the income.
- (1) The public assistance program shall not be used to pay debts, set up an individual in business, subsidize a nonprofit activity, or treat income on the basis of internal revenue service (IRS) policies.
- (2) If losses are suffered from self-employment, the losses shall not be deducted from other income, nor may a net loss of a business be considered an income-producing cost.
- (3) If a business is being conducted from a location other than the applicant or recipient's home, the expenses for business space and utilities shall be considered income-producing costs.
- (4) If a business is being conducted from a person's own home, shelter and utility costs shall not be consid-

ered income-producing costs unless they are clearly distinguishable from the operation of the home.

(5) If payments increase the equity in equipment, vehicles, or other property, the payments shall not be considered income-producing costs.

(6) If equipment, vehicles, or other property are being purchased on an installment plan, the actual interest paid

may be considered an income-producing cost.

(7) Depreciation on equipment, vehicles, or other property shall not be considered an income-producing

- (8) Insurance payments on equipment, vehicles, or other property shall be allowed if the payments directly relate to the business.
- (9) Expenses for inventories and supplies that are reasonable and required for the business shall be considered income-producing costs.

(10) Wages and other mandated costs related to wages paid by the applicant or recipient shall be considered in-

come-producing costs.

- (d) The applicable income for a person in the home whose income is required to be considered and who is not included in the assistance plan shall equal all nonexempt, unearned income and gross earnings, or adjusted gross earnings of the self-employed, without the application of any income disregards, unless otherwise prohibited by law.
- (e) The income of an alien's sponsor and the sponsor's spouse shall be considered in determining eligibility and the amount of the assistance payment for the alien.
- (f) All net unearned income of persons included in the assistance plan shall be applicable unless exempted. Net unearned income shall equal gross unearned income less the costs of the production of the income. Income producing costs shall include only those expenses directly related to the actual production of income. The principles set forth in subsection (c) of this regulation regarding the calculation of income-producing costs shall be applicable.
- (g) This regulation shall take effect on and after July 1, 1997. (Authorized by K.S.A. 1996 Supp. 39-708c; implementing K.S.A. 1996 Supp. 39-708c, 39-709; effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended, T-83-17, July 1, 1982; amended May 1, 1983; amended, T-85-26, Oct. 15, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended, T-88-10, May 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended Oct. 1, 1989; amended Jan. 2, 1990; amended May 1, 1991; amended, T-30-11-16-93, Dec. 1, 1993; amended Jan. 3, 1994; amended March 1, 1997; amended July 1, 1997.)
- **30-4-113.** Income exempt as applicable income. The following types of income shall be exempt as applicable income in the determination of the budgetary deficit: (a) earned income of a child who is under the age of 18 years if the child is a student in elementary or secondary school or is working towards attainment of a G.E.D.

(b) lump sum income;

- (c) irregular, occasional, or unpredictable monetary gifts that do not exceed \$30.00 per person in any calendar quarter;
- (d) unearned income-in-kind;

- (e) shelter cost participation payments. In shared living arrangements in which two families contribute toward the shelter obligations, any cash paid toward the shared shelter obligation by one family to the second family in the shared arrangement shall not be considered as income to the second family. This exemption shall not be applicable in a bona fide, commercial landlord-tenant arrangement;
- (f) tax refunds and rebates, except for earned income tax credits in accordance with K.A.R. 30-4-112(y);
- (g) incentive payments received by renal dialysis patients;
- (h) home energy assistance furnished on the basis of need by a federally regulated or state-regulated entity whose revenues are primarily derived on a rate-of-return basis, by a private, nonprofit organization, by a supplier of home heating oil or gas, or by a municipal utility company that provides home energy;

(i) income of a child received from a youth program funded by the job training partnership act of 1982;

(j) housing assistance from federal housing programs;

(k) assistance payments in the month received;

(1) support payments received following the effective date of the assignment of support rights to the agency. However, a support refund disbursed by the agency to the recipient or reported current support that, if prospectively treated as nonexempt income, would result in ineligibility, shall not be exempt income;

(m) up to \$2,000.00 per year of income received by an individual Indian that is derived from leases or other uses of an individually owned trust or restricted lands;

- (n) veterans administration (VA) aid and attendance and housebound allowances;
- (o) VA payments resulting from unusual medical expenses; and
- (p) interest income that does not exceed \$50.00 per month.
- (q) This regulation shall take effect on and after July 1, 1997. (Authorized by K.S.A. 1996 Supp. 39-708c; implementing K.S.A. 1996 Supp. 39-708c, and 39-709; effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended May 1, 1983; amended, T-84-11, July 1, 1983; amended, T-84-25, Sept. 19, 1983; amended May 1, 1984; amended, T-85-26, Oct. 15, 1984; amended May 1, 1985; amended, T-87-15, July 1, 1986; amended May 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended May 1, 1991; amended July 1, 1991; amended Sept. 30, 1994; amended Dec. 30, 1994; amended March 1, 1997; amended July 1, 1997.)

# Article 5.—PROVIDER PARTICIPATION, SCOPE OF SERVICES, AND REIMBURSEMENTS FOR THE MEDICAID (MEDICAL ASSISTANCE) PROGRAM

**30-5-58. Definitions.** (a) The following words and terms, when used in this article, shall have the following meanings, unless the context clearly indicates otherwise.

(1) "Accept Medicare assignment" means the provider will accept the Medicare-allowed payment rate as payment in full for services provided to a recipient.

(2) "Accrual basis accounting" means that revenue of the provider is reported in the period when it is earned, regardless of when it is collected, and expenses are reported in the period in which they are incurred, regardless of when they are paid.

(3) "Acquisition cost" means the allowable reimbursement price determined by the Kansas department of social and rehabilitation services for each covered drug, supply, or device in accordance with federal regulations.

"Admission" means entry into a hospital for the purpose of receiving inpatient medical treatment.

(5) "Agency" means department of social and rehabilitation services.

- (6) "Ambulance" means a state-licensed vehicle equipped for emergency transportation of injured or sick recipients to facilities where medical services are ren-
- (7) "Arm's-length transaction" means a transaction between unrelated parties.
- (8) "Border cities" means those communities outside of the state of Kansas but within a 50-mile range of the state border.
- (9) "Capitated managed care" means a type of managed care plan that uses a risk-sharing reimbursement method whereby providers receive fixed periodic payments for health services rendered to plan members. Capitated fees shall be set by contract with providers and shall be paid on a per person basis regardless of the amount of services rendered or costs incurred.
- (10) "Case conference" means a scheduled, face-toface meeting involving two or more persons to discuss problems associated with the treatment of the facility's patient or patients. Persons involved in the case conference may include treatment staff, collaterals, or other department representatives of the client or clients.

(11) "Capitation reimbursement" means a reimbursement methodology establishing payment rates, per program consumer or eligible individual, for a designated group of services.

(12) "Change of ownership" means a change that involves the following:

(A) an arm's-length transaction between unrelated

(B) (i) the dissolution or creation of a partnership when no member of the dissolved partnership or the new partnership retains ownership interest from the previous ownership affiliation;

(ii) a transfer of title and property to another party if the transfer is an arm's-length transaction, and if the property is owned by a sole proprietor;

(iii) the change or creation of a new lessee, acting as a

provider of pharmacy services; or

(iv) the consolidation of two or more corporations that creates a new corporate entity. The transfer of participating provider corporate stock shall not in itself constitute a change of ownership. A merger of one or more corporations with a participating provider corporation surviving shall not constitute a change of ownership.

(13) "Common control" means that an individual or organization has the power, directly or indirectly, to sig-

x nificantly influence or direct the actions or policies of an

l organization or facility.

(14) "Common ownership" means that an entity holds a minimum of five percent ownership or equity in the provider facility and in the company engaged in business with the provider facility.

(15) "Comparable outpatient service" means a service that is provided in a hospital and that is comparable to a service provided in a physician's office or ambulatory

surgical center.

(16) "Concurrent care" means services rendered si-

multaneously by two or more eligible providers.

(17) "Consultation" means an evaluation that requires another examination by a provider of the same profession, a study of records, and a discussion of the case with the physician primarily responsible for the patient's care.

(18) "Contract loss" means the excess of contract cost

over contract income.

(19) "Cost and other accounting information" means adequate data, including source documentation, that is accurate, current, and in sufficient detail to accomplish the purposes for which it is intended. Source documentation, including petty cash payout memoranda and original invoices, shall be valid only if it originated at the time and near the place of the transaction. In order to provide the required cost data, financial and statistical records shall be maintained in a consistent manner. This requirement shall not preclude a beneficial change in accounting procedures when there is a compelling reason to effect a change of procedure.

(20) "Cost finding" means the process of recasting the data derived from the accounts ordinarily kept by a prob vider to ascertain costs of the various types of services

rendered.

(21) "Cost outlier" means a general hospital inpatient stay with an estimated cost that exceeds the cost outlier limit established for the respective diagnosis-related group.

(22) "Cost outlier limit" means the maximum cost of a general hospital inpatient stay established according to a methodology specified by the secretary for each diagno-

sis-related group.

(23) "Cost-related reimbursement" means reimbursement based on analysis and consideration of the historical operating costs required to provide specified services.

(24) "Costs not related to patient care" means costs that are not appropriate, necessary, or proper in developing and maintaining facility operation and activities. These costs shall not be allowed in computing reimbursable costs under cost-related reimbursement.

(25) "Costs related to patient care" means all necessary and proper costs arising from arm's-length transactions in accordance with generally accepted accounting principles that are appropriate and helpful in developing and maintaining the operation of patient care facilities and

activities.

(26) "Covered service" means a medical service for which reimbursement will be made by the medicaid/medikan program. The department may limit coverage on the basis of prior authorization.

(27) "Day outlier" means a general hospital inpatient length of stay that exceeds the day outlier limit established for the respective diagnosis-related group.

(28) "Day outlier limit" means the maximum general hospital inpatient length of stay established according to a methodology specified by the secretary for each diagnosis-related group.

(29) "Diagnosis-related group (DRG)" means the classification system that arranges medical diagnoses into

mutually exclusive groups.

(30) "Diagnosis-related group (DRG) adjustment percent" means a percentage assigned by the secretary to a diagnosis-related group for purposes of computing reimbursement.

(31) "Diagnosis-related group (DRG) daily rate" means the dollar amount assigned by the secretary to a diagnosis-related group for purposes of computing re-

imbursement when a rate per day is required.

(32) "Diagnosis-related group (DRG) reimbursement system" means a reimbursement system in the Kansas medicaid/medikan program for general hospital inpatient services that uses diagnosis-related groups for determining reimbursement on a prospective basis.

(33) "Diagnosis-related group (DRG) weight" means the numeric value assigned to a diagnosis-related group

for purposes of computing reimbursement.

(34) "Discharge" means release from a hospital. A discharge shall occur when the consumer leaves the hospital or dies. A transfer to another unit within a hospital, except to a swing bed, and a transfer to another hospital shall not be a discharge.

(35) "Discharging hospital" means, in instances of the transfer of a consumer, the hospital that discharges the consumer admitted from the last transferring hospital.

(36) "Disproportionate share hospital" means a hos-

pital that has the following:

(A) a medicaid/medikan hospital inpatient utilization rate of at least one standard deviation above the mean medicaid/medikan inpatient utilization rate for hospitals within the state borders of Kansas that are receiving medicaid/medikan payments or a hospital with a low-income utilization rate exceeding 25 percent; and

(B) at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to medicaid/medikan eligible individuals. In a hospital located in a rural area, the obstetrician may be any physician with staff privileges at the hospital who performs nonemergency obstetric procedures. The only exceptions to this shall be the following:

(i) a hospital with inpatients who are predominantly

under 18 years of age; or

(ii) a hospital that did not offer nonemergency obstetric services as of December 21, 1987.

(37) "Drug, supply, or device" means the following:
(A) articles recognized in the official United States pharmacopoeia, or other such official compendiums of

the United States, or official national formulary, or any

supplement of any of these publications;

(B) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings:

(C) articles intended to affect the structure or any func-

tion of the bodies of human beings; and

(D) articles intended for use as components of any articles specified in paragraph (A), (B) or (C) above.

- (38) "Durable medical equipment (DME)" means equipment that meets these conditions;
  - (A) withstands repeated use;
- (B) is not generally useful to a person in the absence of an illness or injury;
- (C) is primarily and customarily used to serve a medical purpose;
  - (D) is appropriate for use in the home; and
- (E) is rented or purchased as determined by designees of the secretary.
- (39) "Election period" means the period of time for the receipt of hospice care, beginning with the first day of hospice care as provided in the election statement and continuing through any subsequent days.
- (40) "Election statement" means the revokable statement signed by a consumer that is filed with a particular hospice and that consists of the following:
- (A) identification of the hospice selected to provide care:
- (B) acknowledgement that the consumer has been given a full explanation of hospice care;
- (C) acknowledgement by the consumer that other medicaid services are waived;
  - (D) the effective date of the election period; and
- (E) the consumer's signature or the signature of the consumer's legal representative.
- (41) "Emergency services" means those services provided after the sudden onset of a medical condition manifested by symptoms of sufficient severity, including severe pain, in which the absence of immediate medical attention could reasonably be expected to result in any of the following:
  - (A) serious jeopardy to the patient's health;
  - (B) serious impairment to bodily functions; or
  - (C) serious dysfunction of any bodily organ or part.
- (42) "Estimated cost" means the cost computed using a methodology set out in the Kansas medicaid state plan of general hospital inpatient services provided to a consumer.
- (43) "Formulary" means a listing of drugs, supplies, or devices.
- (44) "Free-standing inpatient psychiatric facility" means an inpatient psychiatric facility licensed to provide services only to the mentally ill.
- (45) "General hospital" means an establishment that provides an organized medical staff of physicians, permanent facilities that include inpatient beds, and medical services. The medical services provided by the hospital shall include the following:
  - (A) physician services;
- (B) continuous registered professional nursing services for 24 hours each day; and
- (C) diagnosis and treatment for nonrelated patients who have a variety of medical conditions.
- (46) "General hospital group" means the category to which a general hospital is assigned for purposes of computing reimbursement.
- (47) "General hospital inpatient beds" means the number of beds as reported by the general hospital on the hospital and hospital health care complex cost report form, excluding those beds designated as skilled nursing facility or intermediate care facility beds. For hospitals

not filing the hospital and hospital health care complex cost report form, the number of beds shall be obtained from the provider application for participation in the Kansas medicaid/medikan program form.

(48) "Generally accepted accounting procedures" means generally accepted accounting principles, except as otherwise specifically indicated by medicaid/medikan program policies and regulations. Any adoption of these principles shall not supersede any specific regulation or policy of the medicaid/medikan program.

(49) "Group reimbursement rate" means the dollar value assigned by the secretary to each general hospital group for a diagnosis-related group weight of one.

- (50) "Health maintenance organization" means an organization of providers of designated medical services that makes available and provides these medical services to eligible enrolled individuals for a fixed periodic payment that is determined in advance. Referral to outside specialists shall be limited.
- (51) "Historical cost" means actual allowable costs incurred for a specified period of time.
- (52) "Hospice" means a public agency, private organization, or a subdivision of either, that primarily engages in providing care to terminally ill individuals, meets the medicare conditions of participation for hospices, and has enrolled to provide hospice services pursuant to K.A.R. 30-5-59.
- (53) "Hospital located in a rural area" means a facility located in an area outside of a metropolitan statistical area as defined in paragraph (70).
- (54) "Independent laboratory" means a laboratory that performs laboratory tests ordered by a physician, and that is in a location other than the physician's office or a hospital.
- (55) "Ineligible provider" means a provider who is not enrolled in the medicaid/medikan program because of reasons set forth in K.A.R. 30-5-60, or because of commission of civil or criminal fraud in another state or another program.
- (56) "Interest expense" means the cost incurred for the use of borrowed funds on a loan made for a purpose related to patient care.
- (57) "Kan Be Healthy program participant" means an individual under the age of 21 who is eligible for medicaid, and who has undergone a Kan Be Healthy medical screening in accordance with a specified screening schedule. The medical screening shall be performed in order to meet these requirements:
  - (A) ascertain physical and mental defects; and
- (B) provide treatment that corrects or ameliorates defects and chronic conditions that are found.
- (58) "Kan Be Healthy dental-only participant" means an individual under the age of 21 who is eligible for medicaid, and who has undergone only a Kan Be Healthy dental screening in accordance with a specified screening schedule. The dental screening shall be performed in order to meet these requirements:
  - (A) ascertain dental defects; and
- (B) provide treatment that corrects or ameliorates dental defects and chronic dental conditions that are found.

- (59) "Kan Be Healthy vision-only participant" means an individual under the age of 21 who is eligible for medicaid, and who has undergone only a Kan Be Healthy vision screening in accordance with a specified screening schedule. The vision screening shall be performed in order to meet these requirements:
  - (A) ascertain vision defects; and

(B) provide treatment that corrects or ameliorates vision defects and chronic vision conditions that are found.

(60) "Length of stay as an inpatient in a general hospital" means the number of days an individual remains for treatment as an inpatient in a general hospital from and including the day of admission, to and excluding the day of discharge.

(61) "Lock-in" means the restriction, through limitation of the use of the medical identification card to designated medical providers, of a consumer's access to

medical services because of abuse.

(62) "Low-income utilization rate for hospitals" means the rate that is defined in accordance with 42 CFR 1396r-4, effective July 1, 1988, which is adopted by reference:

(63) "Managed care" means a system of managing and financing health care delivery to ensure that services provided to managed care plan members are necessary, efficiently provided, and appropriately priced.

(64) "Managerial capacity" means the authority of an individual, including a general manager, business manager, administrator or director, who performs the follow-

ing:

(A) exercises operational or managerial control over the provider; or

(B) directly or indirectly conducts the day-to-day op-

erations of the provider.

(65) "Maternity center" means a facility licensed as a maternity hospital that provides delivery services for nor-

mal, uncomplicated pregnancies.

(66) "Medical necessity" is determined as a therapy, treatment, drug, item, or service that is prescribed as decided by a medical practitioner and approved by the agency and that is essential to treat or diagnose a specific physical or psychiatric condition.

(67) "Medical necessity in psychiatric situations" means that there is a medical documentation that indi-

cates either of the following:

(A) the person could be harmful to himself or herself or others if not under psychiatric treatment; or

(B) the person is disoriented in time, place, or person.

- (68) "Medical supplies" means supplies that meet these conditions:
- (A) are not generally useful to a person in the absence of illness or injury;

(B) are prescribed by a physician; and

- (C) are used in the home and certain institutional settings.
- (69) "Mental retardation" means any significant limitation in present functioning that meets these requirements:
  - (A) is manifested during the period of birth to age 18;
- (b) is characterized by significantly subaverage intellectual functioning as reflected by a score of two or more standard deviations below the mean, as measured by a

generally accepted standardized individual measure of general intellectual functioning; and

(C) exists concurrently with deficits in adaptive behavior including related limitations in two or more of the following areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.

(70) "Metropolitan statistical area (MSA)" means a geographic area designated as such by the United States executive office of management and budget as set out in the Federal Register, Vol. 53, No. 244, December 20, 1988,

which is adopted by reference.

(71) "Necessary interest" means interest expense incurred on a loan made to satisfy a financial need of the facility. A loan that results in excess funds or investments shall not be considered necessary.

(72) "Net cost" means the cost of approved educational activities, less any reimbursements from the follow-

ing:

(A) grants;

(B) tuition; and

(C) specific donations.

(73) "Non-covered services" means services for which medicaid/medikan will not provide reimbursement, including services that have been denied due to the lack of medical necessity.

(74) "Occupational therapy" means the provision of treatment by an occupational therapist registered with the American occupational therapy association. The treat-

ment shall meet these requirements:

(A) be rehabilitative and restorative in nature;

(B) be provided following physical debilitation due to acute physical trauma or physical illness; and

(C) be prescribed by the attending physician.

- (75) "Organization costs" means those costs directly incidental to the creation of the corporation or other form of business. These costs shall be considered intangible assets because they represent expenditures for rights and privileges that have value to the enterprise. Because the services inherent in organization extend over more than one accounting period, the costs shall be amortized over a period of not less than 60 months from the date of incorporation for the purposes of computing reimbursable costs under a cost-related reimbursement system.
- (76) "Orthotics and prosthetics" means devices that meet these requirements:
- (A) are reasonable and necessary for treatment of an illness or injury;

(B) are prescribed by a physician;

(C) are necessary to replace or improve functioning of a body part; and

(D) are provided by a trained orthotist or prosthetist.

(77) "Other developmental disability" means a condition or illness that meets the following criteria:

(A) is manifested before age 22;

- (B) may reasonably be expected to continue indefinitely;
- (C) results in substantial limitations in any three or more of the following areas of life functioning:

(i) self-care;

- (ii) understanding and the use of language;
- (iii) learning and adapting;

(iv) mobility;

- (v) self-direction in setting goals and undertaking activities to accomplish those goals;
  - (vi) living independently; or

(vii) economic self-sufficiency; and

(D) reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of extended or lifelong duration

and are individually planned and coordinated

(78) "Out-of-state provider" means any provider that is physically located more than 50 miles beyond the border of Kansas, except those providing services to children who are wards of the secretary. The following shall be considered out-of-state providers if they are physically located beyond the border of Kansas:

(A) nursing facilities;

(B) intermediate care facilities;

(C) community mental health centers;

(D) partial hospitalization service providers; and

(E) alcohol and drug program providers.

- (79) "Outpatient treatment" means services provided by the outpatient department of a hospital, a facility that is not under the administration of a hospital, or a physician's office.
- (80) "Over-the-counter" means any item available for purchase without a prescription order.
- (81) "Owner" means a sole proprietor, member of a partnership, or a corporate stockholder with five percent or more interest in the corporation. The term "owner" shall not include minor stockholders in publicly held corporations.
- (82) "Partial hospitalization program" means an ambulatory treatment program that includes the major diagnostic, medical, psychiatric, psychosocial, and daily living skills treatment modalities, based upon a treatment plan.
- (83) "Participating provider" means any individual or entity that presently has an agreement with the agency to furnish medicaid services.
- (84) "Pharmacy" means the premises, laboratory, area, or other place meeting these conditions:
- (A) where drugs are offered for sale, the profession of pharmacy is practiced, and prescriptions are compounded and dispensed;
- (B) that has displayed upon it or within it the words "pharmacist," "pharmaceutical chemist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "drug sundries," or any combinations of these words or words

of similar import; and

- (C) where the characteristic symbols of pharmacy or the characteristic prescription sign "Rx" are exhibited. The term "premises" as used in this subsection refers only to the portion of any building or structure leased, used, or controlled by the registrant in the conduct of the business registered by the board at the address for which the registration was issued.
- (85) "Pharmacist" means any person duly licensed or registered to practice pharmacy by the state board of pharmacy or by the regulatory authority of the state in which the person is engaged in the practice of pharmacy.

(86) "Physical therapy" means treatment that meets these criteria:

(A) is provided by a physical therapist registered in the jurisdiction where the service is provided or by the Kansas board of healing arts;

(B) is rehabilitative and restorative in nature;

(C) is provided following physical debilitation due to acute physical trauma or physical illness; and

(D) is prescribed by the attending physician.

- (87) "Physician extender" means a person registered as a physician's assistant or licensed advanced registered nurse practitioner in the jurisdiction where the service is provided, and who is working under supervision as required by law or administrative regulation.
- (88) "Practitioner" means any person licensed to practice medicine and surgery, dentistry, or podiatry, or any other person licensed, registered, or otherwise authorized by law to administer, prescribe, and use prescription-only drugs in the course of professional practice.

(89) "Prescribed" means the issuance of a prescription

order by a practitioner.

(90) "Prescription" means either of the following:

(A) a prescription order; or

(B) a prescription medication.

- (91) "Prescription medication" means any drug, supply, or device, including label and container according to context, that is dispensed pursuant to a prescription order.
- (92) "Prescription-only" means an item available for purchase only with a prescription order.
- (93) "Primary care case management (PCCM)" means a type of managed care whereby a beneficiary is assigned a primary care case manager who manages costs and quality of services by providing case assessment, primary services, treatment planning, referral, and follow-up in order to ensure comprehensive and continuous service and coordinated reimbursement.
- (94) "Primary diagnosis" means the most significant diagnosis related to the services rendered.
- (95) "Prior authorization" means the approval of a request to provide a specific service before the provision of the service.
- (96) "Professional fee" means the reimbursement rate assigned to each individual pharmacy provider for provision of pharmacy services.

(97) "Program" means the Kansas medicaid/medikan

orogram.

- (98). "Proper interest" means interest incurred at a rate not in excess of what a prudent borrower would have had to pay under market conditions existing at the time the loan was made.
- (99) "Prospective, reasonable, cost-related reimbursement" means present and future reimbursement, based on analysis and consideration of the historical cost that is related to patient care, in the operation of facilities and programs.

(100) "Qualified medicare beneficiary (QMB)" means an individual meeting these requirements:

(A) who is entitled to medicare hospital insurance benefits under part A of medicare;

(B) whose income does not exceed a specified percent of the official poverty level as defined by the United States executive office of management and budget; and

(C) whose resources do not exceed twice the supplemental cognitiving and resource limit

mental security income resource limit.

(101) "Readmission" means the subsequent admission of a consumer as an inpatient into a hospital within 30 days of discharge as an inpatient from the same or an-

other DRG hospital.

(102) "Related parties" means two or more parties to a transaction, one of which has the ability to influence the other or others in a way in which that transacting party or parties might fail to pursue its or their own separate interests fully. Related parties shall include those related by family, business, or financial association, or by common ownership or control. Transactions between related parties shall not be considered to have arisen through arm's-length negotiations. Transactions or agreements that are illusory or a sham shall not be recognized.

(103) "Related to the community mental health center" means that the agency or facility furnishing services to the community mental health center meets any of these

requirements:

- (A) is directly associated or affiliated with the community mental health center by formal agreement;
  - (B) governs the community mental health center; or(C) is governed by the community mental health cen-

ter.

(104) "Residence for the navment of beging services"

(104) "Residence for the payment of hospice services" means a hospice consumer's home or the nursing facility in which a hospice consumer is residing.

(105) "Revocation statement" means the statement signed by the consumer that revokes the election of hos-

pice service.

- (106) "Sampling" means the review process of obtaining a stratified random sample of a subset of cases from the universe of claims submitted by a specific provider. The sample shall be used to project the review results across the entire universe of claims for that provider to determine an overpayment.
- (107) "Speech therapy" means treatment provided by a speech pathologist who has a certificate of clinical competence from the American speech and hearing association. The treatment shall meet these requirements:

(A) be rehabilitative and restorative in nature;

(B) be provided following physical debilitation due to acute physical trauma or physical illness; and

(C) be prescribed by the attending physician.

(108) "Standard diagnosis-related group (DRG) amount" means the amount computed by multiplying the group reimbursement rate for the general hospital by the diagnosis-related group weight.

(109) "State-operated hospital" means an establishment operated by the state of Kansas that provides diagnosis and treatment for nonrelated patients and in-

cludes the following:

(A) an organized medical staff of physicians;

- (B) permanent facilities that include inpatient beds; and
- (C) medical services that include physician services and continuous registered professional nursing services for 24 hours each day.
- (110) "Stay as an inpatient in a general hospital" means the period of time spent in a general hospital from admission to discharge.

(111) "Swing bed" means a hospital bed that can be used interchangeably as a hospital, skilled nursing facility, or intermediate care facility bed, with reimbursement based on the specific type of care provided.

(112) "Targeted case management services" means those services that assist medicaid consumers in gaining access to medically necessary care. The services shall be provided by a case manager with credentials specified by the department of social and rehabilitation services.

(113) "Terminally ill" means that an individual has a life expectancy of six months or less as determined by a

physician.

- (114) "Timely filing" means the receipt by the Kansas department of social and rehabilitation services or its fiscal agent of a claim for payment from a provider for services provided to a medicaid program consumer not later than 12 months after the date the claimed services were provided.
- (115) "Transfer" means the movement of an individual receiving general hospital inpatient services from one hospital to another hospital for additional related inpatient care after admission to the previous hospital or hospitals.

(116) "Transferring hospital" means the hospital that transfers a consumer to another hospital. There may be more than one transferring hospital for the same con-

sumer until discharge.

(117) "Uncollectable overpayment to an out-of-busi-

ness provider" means either of the following:

(A) any amount that is due from a provider of medical services who has ceased all practice or operations for any medical services as an individual, a partnership, or a corporate identity, and who has no assets capable of being applied to any extent toward a medicaid overpayment; or

(B) any amount due that is less than its collection and

processing costs.

(118) "Urgent" means that a situation requires medical treatment within two days of onset, but not through the emergency room.

- (b) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1988; amended, T-30-7-29-88, July 29, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended July 1, 1989; amended Jan. 2, 1990; amended, T-30-1-2-90, Jan. 2, 1990; amended, T-30-2-28-90, Jan. 2, 1990; amended Aug. 1, 1990; amended Jan. 7, 1991; amended, T-30-3-1-91, March 1, 1991; amended July 1, 1991; amended, T-30-8-9-91, Aug. 30, 1991; amended Oct. 28, 1991; amended April 1, 1992; amended May 1, 1992; amended July 31, 1992; amended May 3, 1993; amended Oct. 1, 1993; amended July 1, 1994; amended April 1, 1995; amended Sept. 1, 1995; amended March 1, 1996; amended July 1, 1996; amended July 1, 1997.)
- **30-5-64.** Prior authorization. (a) Any medical service may be placed by the secretary on the published list of services requiring prior authorization or precertification for any of the following reasons:

- (1) to assure that provision of the service is medically necessary;
- (2) to assure that services that may be subject to overuse are monitored for appropriateness in each case; and (3) to assure that services are delivered in a cost-effec-

tive manner.

- (b) Administration of covered pharmaceuticals in the following classes shall require prior authorization. A cross reference of generic and trade names is available upon request:
  - (1) Acne products:
    - (A) isotretinoin;
    - (B) tretinoin;
- (2) Amphetamines, amphetamine mixtures, metham-

(A) amphetamine;

- (B) dextroamphetamine; and
- (C) methamphetamine;
- (3) Anorexiants:
  - (A) dexfenfluramine;
  - (B) dextroamphetamine;
  - (C) diethylproprion;
  - (D) fenfluramine;
  - (E) mazindol;
  - (F) phendimetrazine; and
  - (G) phentermine;
- (4) Anticonvulsants:
  - (A) clonazepam;
  - (B) clorazepate dipotassium;
  - (C) Depekene®; and
  - (D) Tegretol®;
- (5) Antiplatelet products including dipyridamole;
- (6) Antituberculosis products:
  - (A) aminosalicylate sodium;
  - (B) capreomycin;
  - (C) ethambutol;
  - (D) ethionamide;
  - (E) isoniazid;
  - (F) pyrazinamide; and
  - (G) rifampin and rifampin/isoniazid combinations;
- (7) Anxiolytics:
  - (A) alprazolam;
- (8) Benzodiazepines:
  - (A) alprazolam;
  - (B) clonazepam;
  - (C) clorazepate dipotassium;
  - (D) diazepam, slow-release;
- (9) All Decubitus and wound care products;
- (10) All intravenous and oral dietary and nutritional products, including the following:
  - (A) amino acids, injectable;
  - (B) 1-carnitine;
  - (C) 1-cysteine;
  - (D) lipids, injectable;
  - (E) medium chain triglyceride oil; and
  - (F) sodium phenylbutyrate;
  - (11) All growth hormones, including the following:
    - (A) somatrem; and
    - (B) somatropin;
- (12) All Hematinics, iron, multivitamin and vitamin preparations, including the following:

- (A) ferrous furnarate plus vitamins;
- (B) ferrous gluconate plus vitamins;
- (C) multivitamins;
- (D) multivitamins plus folate; and
- (E) multivitamins plus iron;
- (13) Histamine H<sub>2</sub> antagonists at full therapeutic dose for longer than sixty (60) days:
  - (A) cimetidine 1200mg per day;
  - (B) famotidine 40mg per day;
  - (C) nizatidine 300mg per day; and
  - (D) ranitidine 300mg per day;
  - (14) All lactulose-containing laxatives:
    - (A) lactulose; and
    - (B) sorbitol;
- (15) Proton pump inhibitors at full therapeutic dose for longer than 60 days:
  - (A) lansoprazole 30mg per day; and
  - (B) omeprazole 40mg per day;
  - (16) Psoralens.
- (c) Failure to obtain prior authorization, if required, shall negate reimbursement for the service and any other service resulting from the unauthorized or noncertified treatment. The prior authorization shall affect reimbursement to all providers associated with the service.
- (d) The only exceptions to prior authorization shall be

the following:

- (1) emergencies. If certain surgeries and procedures that require prior authorization are performed in an emergency situation, the request for authorization shall be made within two working days after the service is provided; and
- (2) situations in which services requiring prior authorization are provided and retroactive eligibility is later established. When an emergency occurs or when retroactive eligibility is established, prior authorization for that service shall be waived, and if medical necessity is documented, payment shall be made.

(e) Services requiring prior authorization shall be considered covered services within the scope of the program unless the request for prior authorization is denied.

- (f) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1981; amended May 1, 1983; amended May 1, 1986; amended May 1, 1992; amended July 1, 1994; amended March 1, 1995; amended March 1, 1996; amended July 1, 1997.)
- **30-5-71.** Co-payment requirements. (a) Except as set forth in subsection (b) of this regulation, program recipients shall be obligated to the provider for the following co-payment charges.

(1) The co-payment for inpatient general hospital and free-standing psychiatric facility services shall be \$48.00

per admission.

- (2) The co-payment for outpatient general hospital services shall be \$1.00 per non-emergency visit in place of a doctor's office visit.
- (3) The co-payment for other medical services subject to co-payment shall be based upon the following ranges:

  (continued)

av	erage medicaid/medikan payment for services	maximum co-payment chargeable to recipient
	\$10.00 or less	\$ .50
	\$10.01 to \$25.00	\$1.00
	\$25.01 to \$50.00	\$2.00
Šv.	\$50.01 or more	\$3.00

(4) The co-payment for other medical services subject to co-payment shall be a standard amount based upon the average medicaid payment for the services, calculated on an annual basis. The average medicaid payment shall be calculated by dividing the cost of the services in aggregate by the total number of claims paid in the previous fiscal year. Any change in co-payment shall be published in the Kansas Register on or before December fifteenth to be effective January first of each year.

(5) Other medical services subject to co-payment shall

include the following:

(A) ambulatory surgical center services, per date of service;

 (B) audiological services, excluding batteries, per date of service;

(C) community mental health center services, per in-

dividual psychotherapy visit;

(D) durable medical equipment, prosthetics and orthotics, per claim, and excluding the rental of durable medical equipment;

(E) home health services, per skilled nursing visit and excluding the rental of durable medical equipment;

- (F) non-emergency ambulance services, per date of service:
- (G) optometric or opthalmologist services, per date of service;
- (H) outpatient general hospital surgery, per date of service;
  - (I) prescribed drugs, per new or refill prescription;
- (J) physician or physician extender services, per office visit;
  - (K) podiatric services, per office visit;
  - (L) psychological services, per office visit;
  - (M) dietician services, per date of service;
  - (N) dental services, per date of service;
- (O) federally qualified health center services, per encounter; and
  - (P) rural health clinic services, per encounter.

(b) The provisions of subsection (a) shall not apply to

services provided as follows:

- (1) To residents in nursing facilities, including swing beds, intermediate care facilities for the mentally retarded, nursing facilities for mental health, and to recipients participating in the home- and community-based services programs;
- (2) to recipients who have reached the age of 18 but are not yet 22 years of age, or who are age 65 or older, and who are inpatients in a state psychiatric facility;

(3) to recipients under age 18;

(4) to recipients enrolled in a medicaid-funded health maintenance organization;

(5) for family planning purposes;

- (6) for medical services relating to an injury incurred on the job during a community work experience project;
  - (7) for services related to pregnancy; and

(8) for emergency services.

(c) The effective date of this regulation shall be July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective May 1, 1981; amended May 1, 1982; amended, T-83-38, Nov. 23, 1982; amended May 1, 1983; amended, T-84-36, Jan. 1, 1984; amended May 1, 1984; amended May 1, 1986; amended, T-87-20, Sept. 1, 1986; amended May 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended, T-30-12-28-89, Jan. 1, 1990; amended, T-30-2-28-90, Feb. 28, 1990; amended Aug. 1, 1990; amended Dec. 31, 1992; amended Sept. 27, 1993; amended Dec. 30, 1994; amended, T-30-6-28-95, July 1, 1995; amended Sept. 1, 1995; amended July 1, 1997.)

**30-5-80.** This regulation shall be revoked on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective July 31, 1992; amended Dec. 29, 1995; revoked July 1, 1997.)

**30-5-101.** Scope of chiropractic services. Chiropractic services shall be covered for Kan Be Healthy program participants. (a) One chiropractic history and physical

shall be covered per calendar year.

- (b) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective May 1, 1981; amended May 1, 1983; amended, T-84-11, July 1, 1983; amended May 1, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1986; amended May 1, 1987; amended Jan. 2, 1989; amended, T-30-12-28-89, Jan. 1, 1990; amended Jan. 7, 1991; amended, T-30-8-9-91, Aug. 9, 1991; amended Oct. 28, 1991; amended Jan. 1, 1997; amended July 1, 1997.)
- **30-5-109.** Scope of services in free-standing inpatient psychiatric facilities. (a) Services shall be available to program recipients who are 65 and over if the services are provided by a facility that meets the medicare requirements.
- (b) Services shall be available to program recipients who are under 21 years of age if the services are provided by a facility accredited by the joint commission on accreditation of hospitals.
- (c) Services for recipients under age 21 shall be rendered before the recipient reaches age 21 or, if the recipient was receiving the services immediately before reaching the age of 21, before the earlier of the following:

(1) The date the recipient no longer requires the serv-

.es, UI

(2) the date the recipient reaches the age of 22.

(d) Free-standing inpatient psychiatric facility admissions for persons under 21 shall be certified by an interdisciplinary team. This certification shall include documentation that the team has evaluated the patient, considered all local community resources for ambulatory care, and concluded that none of the available resources meet the patient's treatment needs.

(e) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective May 1, 1982; amended May 1,

1983; amended July 1, 1997.)

30-5-118a. Reimbursement for federally qualified health center services. Reimbursement shall not exceed

the amount that would be paid by applying medicare cost reimbursement principles. (a) For cost reporting purposes, each federally qualified health center provider shall submit a completed cost report form. The cost report form shall be the financial and statistical report.

(1) Each provider shall be required to file the financial

and statistical report on a fiscal year basis.

(2) Cost reports shall be received no later than 90 days after the end of the fiscal year.

(3) Each provider filing a cost report after the due date

shall be subject to the following penalties.

- (A) If the cost report has not been received by the agency by the close of business on the due date, all further payments to the provider shall be withheld and suspended until the complete financial and statistical report has been received.
- (B) Failure to submit the completed financial and statistical report within one year after the end of the cost report period shall be cause for termination from the medicaid/medikan program.
- (1) A working trial balance shall be submitted with the cost report. It shall contain account numbers, descriptions of the accounts, the amount of each account, and the cost report expense line on which the account was reported. The working trial balance shall reconcile to the cost report schedules.

(2) Reimbursement for established federally qualified health center services shall be based upon a prospective rate established from costs submitted by the facility on an annual cost report with a year-end settlement.

- (3) The direct and indirect costs of pneumococcal and influenza vaccines, other ambulatory services, dental care, pharmacy, and transportation reported on the financial and statistical report shall be divided by the total adjusted encounters at the facility. The resulting rate shall be added to the maximum rate allowed on the financial and statistical report to obtain a reimbursable medicaid rate per encounter.
- (4) Total allowable facility costs shall be divided by total adjusted encounters to obtain the average medicaid cost per encounter.
- (5) The total adjusted encounters shall include the productivity screens in accordance with the financial and statistical report. Dental encounters shall be adjusted to reflect productivity screens using the same methods as applied to nonphysician staff on the financial and statistical report.

(c) The lesser of the reimbursement medicaid rate per encounter and the average medicaid cost per encounter

shall be paid by medicaid.

- (d) For newly opened facilities, an interim rate shall be set for the first year based upon the average of rates set for established facilities. After the completion of the first full fiscal year of operation for the new facility, a cost report shall be submitted to and analyzed by the agency. A rate adjustment, if necessary, shall be effected at that time along with a retroactive payout or recoupment.
- (e) Non-reimbursable costs. Costs not related to patient care shall not be considered in computing reimbursable costs. In addition, the following expenses or costs shall not be allowed:

- (1) fees paid to nonworking directors, the salaries of nonworking directors, and the salaries of nonworking officers;
  - (2) bad debts;
  - (3) donations and contributions;

(4) fund-raising expenses;

(5) taxes including the following:

- (A) taxes from which exemptions are available to the provider;
- (B) taxes on property that is not used in providing covered services;
- (C) taxes levied against any patient and collected and remitted by the provider; and
- (D) interest or penalties paid on federal and state payroll taxes;
- (6) insurance premiums on lives of officers and owners;
- (7) the imputed value of services rendered by nonpaid workers and volunteers;
- (8) costs of social, fraternal, civic, and other organizations that concern themselves with activities unrelated to their members' professional or business activities;

(9) vending machine costs and related expenses;

(10) board of director costs;

(11) costs of advertising for patients;

(12) public relations expenses;

(13) penalties, fines, and late charges;

- (14) the cost of items or services provided only to non-medicaid/medikan patients and reimbursed by third party payers;
- (15) the costs of airplanes owned, leased, or chartered by the provider or related parties and related expenses;

(16) bank overdraft charges or other penalties;

- (17) business expenses not directly related to the provision of patient care;
- (18) management fees paid to a related organization that are not clearly derived from the actual cost of material, supplies, or services provided directly to the facility;
- (19) business expenses not directly related to patient care, business investment activities and public relations activities;

(20) legal and other costs associated with litigation between a provider and state or federal agencies, unless literation is desired.

igation is decided in the provider's favor; and

(21) legal expenses not related to patient care. In addition to these non-allowable expenses, purchase discounts, allowances, and refunds shall be deducted from the cost of items purchased. Refunds of prior years' expenses shall be deducted from the related expense.

(f) Costs allowed with limitations. The following amortized expenses or costs shall be allowed with limita-

tions.

- (1) Reasonable limits shall be determined by the agency for administrator compensation based upon the current civil service salary schedule. This limitation shall apply to the salaries of each administrator and co-administrator of that facility.
- (2) Loan acquisition fees and standby fees shall be amortized over the life of the related loan if the loan is related to patient care.

(3) Only the taxes specified below shall be allowed as amortized costs:

(A) taxes in connection with financing, re-financing, or

re-funding operations; and

- (B) special assessments on land for capital improvements over the estimated useful life of those improvements.
- (4) Any start-up cost of a provider with a newly constructed facility shall be recognized if it meets these requirements:

(A) is incurred prior to the opening of the facility and related to developing the ability to care for patients;

- (B) is amortized over a period of not less than 60 months:
- (C) is consistent with the facility's federal income tax return, and internal and external financial reports, with the exception of subparagraph (B) above; and

(D) is identified in the cost report as a start-up cost.

Start-up costs shall include the following:

- (i) administrative and nursing salaries, subject to the limitations in paragraph (1) of this subsection;
  - (ii) utilities:
  - (iii) taxes;
  - (iv) insurance;
  - (v) mortgage interest;

(vi) employee training costs; and

(vii) any other allowable costs incidental to the operation of the facility.

(5) Any cost that can properly be identified as an organization expense or can be capitalized as a construction expense shall be appropriately classified and excluded from start-up costs.

(6) Costs associated with services, facilities, and supplies furnished to the provider by related parties shall be included in the allowable cost of the facility at the actual cost to the related party, except that the allowable cost to the provider shall not exceed the lower of the actual cost or the market price.

(7) When a provider chooses to pay an amount in excess of the market price for supplies or services, the market price shall be used by the agency to determine the allowable cost under the medicaid/medikan program in the absence of a clear justification for the premium.

(8) The net cost of job-related training and educational activities shall be an allowable cost. These costs include the net cost of "orientation" and "on-the-job training."

- (9) Membership dues and costs incurred as a result of membership in professional, technical, or business-related organizations shall be allowable. However, similar expenses as set forth in paragraph (c)(8) above shall not be allowable.
- (10) Lease payments shall be reported in accordance with generally accepted accounting principles as appropriate to the reporting period.

(g) Interest expense. Only necessary and proper interest on working capital indebtedness shall be an allowable

cost.

(1) The interest expense shall be incurred on indebtedness established with either of the following:

(A) lenders or lending organizations not related to the borrower; or

(B) central office organizations, or related parties, if the following conditions are met.

(i) The terms and conditions of payment of the loans shall resemble terms and conditions of an arm's-length transaction by a prudent borrower with a recognized, local lending institution with the capability of entering into a transaction of the required magnitude.

(ii) The provider shall demonstrate, to the satisfaction of the agency, a primary business purpose for the loan

other than increasing the rate of reimbursement.

(iii) The transaction shall be recognized and reported

by all parties for federal income tax purposes.

(2) When the general fund of a provider "borrows" from a donor-restricted fund, this interest expense shall be an allowable cost.

(3) The interest expense shall be reduced by the investment income from restricted or unrestricted idle funds or funded reserve accounts, except when that income is from gifts or grants, whether restricted or unrestricted, that are held in separate accounts and not commingled with other funds. Income from the provider's qualified pension fund shall not be used to reduce interest expense.

(4) Interest earned on restricted or unrestricted reserve accounts of industrial revenue bonds or sinking fund accounts shall be offset against interest expense and limited

to the interest expense on the related debt.

(5) Loans made to finance that portion of the cost of acquisition of a facility that exceeds historical cost or the cost basis recognized for program purposes shall not be considered to be reasonably related to patient care.

- (h) Central office costs. Allocation of central office costs shall be reasonable, conform to generally accepted accounting procedures, and allowed only to the extent that the central office is providing a service normally available in facilities of this nature. Central office costs shall not be recognized or allowed to the extent that they are unreasonably in excess of those of similar providers in the program. The burden of furnishing sufficient evidence to establish a reasonable level of costs shall be on the provider. All expenses reported as central office costs shall be limited to the actual patient-related costs of the central office.
- (1) The cost of ownership or the arm's-length lease expense, utilities, maintenance, property taxes, insurance, and other plant operating costs of the central or regional office space for patient-related activities shall be reported as central office costs.

(2) All administrative expenses incurred by a central office shall be reported as central office costs. These expenses shall include but are not limited to the following:

- (A) salaries;
- (B) benefits;
- (C) office supplies and printing;
- (D) management consultant fees;
- (E) telephones and other forms of communications;
- (F) travel and vehicle expenses;
- (G) allowable advertising;
- (H) licenses and dues; and
- (I) legal, accounting, data processing, insurance, and interest expenses.

These costs shall not be directed to individual facilities operated by the provider or reported on any other line of the cost report.

(3) Non-reimbursable costs, costs allowed with limitations, and revenue offsets as identified in this regulation shall apply to central office costs.

(4) Estimates of central office costs shall not be allowed.

(5) All providers operating more than one facility shall complete and submit detailed schedules of all salaries and expenses incurred for each fiscal year. Failure to submit detailed central office expenses and allocation methods shall result in the cost report being considered incomplete. Methods for allocating costs to all facilities shall be submitted for prior approval.

(i) Revenues. A statement of revenue shall be required as part of the cost report forms. Revenue shall be reported in accordance with generally accepted accounting procedures as recorded in the accounting records of the fa-

cility.

(1) The cost of non-covered services provided to patients shall be deducted from the related expense item.

The net expense shall not be less than zero.

(2) Revenue received for a service that is not related to patient care shall be used to offset the cost of providing that service, if the cost incurred cannot be determined or is not furnished to the agency by the provider. The cost report line item that includes the non-patient related costs shall not be less than zero. Miscellaneous revenue with insufficient explanation in the cost report shall be offset.

(3) Expense recoveries credited to expense accounts shall not be reclassified as revenue to increase the costs reported in order to qualify for a higher rate. Changes in these methods shall not be permitted without prior ap-

proval.

(j) Financial data for federally qualified health center

cost reports.

- (1) General. The rate or rates for providers participating in the medicaid/medikan program shall be based on an audit or desk review of the costs reported to provide patient care in each facility. The basis for conducting these audits or reviews shall be the facility cost report. Each provider shall maintain sufficient financial records and statistical data for proper determination of reasonable and adequate rates. Standardized definitions, accounting, statistics, and reporting practices that are widely accepted in federally qualified health center and related fields shall be followed, except to the extent that they may conflict with or be superseded by state or federal medicaid requirements. Changes in these practices and systems shall not be required in order to determine reasonable and adequate rates.
- (2) Adequate cost data and cost findings. Each facility shall provide adequate cost data on the cost report. The cost data shall be in accordance with state and federal medicaid requirements and generally accepted accounting procedures and shall be based on the accrual basis of accounting. Estimates of costs shall not be allowable.

(3) Recordkeeping requirements.

(A) Each provider shall furnish any information to the agency that may be necessary to meet these requirements:

(i) assure proper payment by the program pursuant to paragraph (2) of this subsection;

(ii) substantiate claims for program payments; and

(iii) complete determination of program overpayment.

(B) Each provider shall permit the agency to examine any records and documents that are necessary to ascertain information pertinent to the determination of the proper amount of program payments due. These records shall include the following:

(i) matters of the facility ownership, organization, and operation, including documentation as to whether or not

transactions occurred between related parties;

(ii) fiscal, medical, and other recordkeeping systems;

(iii) federal and state income tax returns and all supporting documents;

(iv) documentation of asset acquisition, lease, sale, or other action;

(v) franchise or management arrangements;

(vi) matters pertaining to costs of operation;

(vii) amounts of income received, by source and purpose; and

(viii) a statement of changes in financial position.

(C) Other records and documents shall be made available as requested by the agency.

(D) Records and documents shall be made available in Kansas.

(E) Each provider shall furnish the agency, upon request, with copies of patient service charge schedules and changes thereto as they are put into effect. The charge schedules shall be evaluated by the agency to determine the extent to which they shall be used for determining program payment.

(F) Suspension of program payments shall be made if the agency determines that any provider does not maintain or no longer maintains adequate records for the determination of reasonable and adequate rates under the program, or if the provider fails to furnish requested re-

cords and documents to the agency.

(G) Thirty days before suspending payment to the provider, written notice shall be sent by the agency to the provider of the agency's intent to suspend payment. The notice shall explain the basis for the agency's determination with respect to the provider's records and shall identify the provider's recordkeeping deficiencies.

(H) All records of each provider that are used in support of costs, charges, and payments for services and supplies shall be subject to inspection and audit by the agency, the United States department of health and human services, and the United States general accounting office. All financial statistical records used to support cost reports shall be retained for five years after the date of filing the cost report with the agency.

(k) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991; amended July 1, 1994; amended July 1,

1997.)

**30-5-300.** Definitions. (a) The following words and terms for home- and community-based services (HCBS), when used in this article, shall have the following meanings, unless the context clearly indicates otherwise.

(1) "Accept medicare assignment" means the provider will accept the medicare-allowed payment rate as payment in full for services provided to a consumer.

(2) "Activities of daily living (ADLs)" means the fol-

lowing

- (A) bathing;
- (B) dressing; (C) toileting;
- (D) transferring;
- (E) ambulating; and
- (F) eating.
- (3) "Agency" means the Kansas department of social and rehabilitation services.
- (4) "Area agency on aging" means the agency or organization within a planning and service area that has been designated by the secretary of the Kansas department on aging (KDOA) to develop, implement, and administer a plan for the delivery of a comprehensive and coordinated system of services to older persons in the planning and service area.

(5) "Assessment" means the face-to-face interview and evaluation of a home- and community-based services consumer by an authorized case manager, assessor, or independent living counselor to determine the consumer's care needs and support systems and to develop

a service plan.

(6) "Case management services" means a comprehensive service comprised of a variety of specific tasks and activities designed to coordinate and integrate all other services required in the individual's plan of care.

(7) "Client obligation" means the monthly amount collected from an HCBS consumer by the service provider.

for the cost of a service.

(8) "Conflict of interest" means any relationship between two or more parties in which one party has the ability to influence another party to the transaction in a way that one or more of the transacting parties might fail to fully pursue the party's or parties' own separate interests. Related parties shall include parties related by family, business, or financial association, or by common ownership or control. Transactions between related parties shall not be considered to have arisen through arm'slength negotiations. Transactions or agreements that are illusory or a sham shall not be recognized.

(9) "Cost cap" means the average HCBS monthly service cost limit per consumer, including primary and acute care costs. The average HCBS monthly service cost limit shall be based on and compared to the average monthly cost that the consumer would incur in a nursing facility.

(10) "Cost efficient" means using all of the available formal and informal service systems to meet individual

needs before using HCBS services.

(11) "Cost effective" means that the cost of utilizing a service is recovered by the savings generated from avoiding the necessary utilization of a more expensive service.

(12) "Direct cost" means any cost that can be identified

specifically with a particular cost objective.

- (13) "Documentation" means maintenance of the HCBS consumer's case file, which includes the following:
  - (A) a current assessment or reassessment;
  - (B) a plan of care;
  - (C) service plan;

(D) an activity log; and

(E) a financial eligibility communication form, includ-

ing current client obligation information.

(14) "Effective date" means the date on which a program or service begins and on which a provider can be reimbursed for services.

(15) "Formal service" means any needed service as documented on the plan of care and funded by medicaid.

(16) "Frail elderly waiver" means a medicaid HCBS services waiver authorizing by and through the Kansas department of aging services in accordance with a federally approved waiver to the Kansas medicaid state plan for individuals age 65 and older who meet the medicaid long-term care threshold.

(17) "Home health aide service" means the direct care provided by a person with minimum training to consumers who are unable to care for themselves or who need assistance in accomplishing the activities of daily living. The home health aide service direct care provider shall be under the supervision of a registered nurse employed by a home health agency.

(18) "Home health agency" means a public or private agency or organization that provides, for a fee, one or more home health services at the residence of a consumer.

(19) "Housing options" means all home and residential environments in which individuals would be eligible to receive HCBS services.

(20) "Instrumental activities of daily living (IADLs)" means the following:

(A) meal preparation;

(B) shopping;

(C) medication monitoring and treatments;

(D) laundry and housekeeping;

(E) money management;

(F) telephone use; and

(G) transportation.

- (21) "Independent living center" means a public or private agency or organization recognized by the agency whose primary function is to provide independent living services, including the following:
  - (A) independent living skills training;

(B) advocacy;

- (C) peer counseling; and
- (D) information and referral.

(22) "Independent living counseling" means a service provided through the HCBS/PD waiver that assesses need, negotiates care plans and service plans, and teaches independent living skills.

(23) "Indirect costs" means the administrative costs of long-term care (LTC) programs or their functional components, including the costs of supplying goods, services, and facilities to those programs or their functional com-

(24) "Ineligiblé provider" means a provider who is not enrolled in the medicaid/medikan program due to one or more of the reasons set forth in K.A.R. 30-5-60, or because the provider committed civil or criminal fraud in another state or another program.

(25) "Informal service" means any needed or desired service provided voluntarily to a consumer by one or more organizations, agencies, or families at no cost to the

medicaid program.

(26) "Level of care" means the functional needs of consumers, as determined through an assessment or reassessment, based on impairments in ADLs and IADLs.

(27) "Medicaid home- and community-based services (HCBS)" means services provided in accordance with a federally approved waiver to the Kansas medicaid state plan that are designed to prevent unnecessary utilization of services and to reduce health care related costs. Any individual with a primary diagnosis of mental illness, and who is 21 years of age or older, but less than 65 years old, shall not be eligible.

(28) "Medicaid home- and community-based services for persons with mental retardation or other developmental disabilities (HCBS/MRDD)" means services provided in accordance with a federally approved waiver to the Kansas medicaid state plan. These services shall be designed as alternatives to services otherwise provided in intermediate care facilities for the mentally retarded (ICF/MR) for individuals who have mental retardation or other developmental disabilities.

(29) "Medicaid home- and community-based services for persons with traumatic brain injury (HCBS/TBI)" means medicaid services that meet these requirements:

(A) are provided in accordance with a federally approved waiver to the Kansas medicaid state plan;

- (B) are designed as an alternative to services in brain injury rehabilitation facilities for individuals who meet these requirements:
  - (i) have external, traumatic brain injuries; and

(ii) are 18 years of age or older, but are less than 55

years of age.

- (30) "Medicaid long-term care threshold" means the level of care criteria, as established by the agency and approved in the waiver to the medicaid state plan for HCBS, that is used to determine eligibility for medicaid long-term care programs.
- (31) "Nursing facility (NF)" means a facility that meets these criteria:
  - (A) meets state licensure standards;

(B) provides health-related care and services, pre-

scribed by a physician; and

(C) provides residents with 24 hours per day, seven days per week, licensed nursing supervision for ongoing observation, treatment, or care for long-term illness or injury.

(32) "Normal rhythms of the day" means the average time frame in which an individual without a physical disability typically completes clusters of ADL and IADL ac-

tivities.

- (33) "Organized health care delivery system" means a system, at least one component of which is organized for the purpose of delivering health care, that furnishes at least one service under a medicaid-covered waiver or the state plan.
- (34) "Other developmental disability" means a condition or illness that meets these requirements:
  - (A) is manifested before age 22;
- (B) may reasonably be expected to continue indefinitely;
- (C) results in substantial limitations in any three or more of the following areas of life functioning:
  - (i) self-care;

- (ii) understanding and the use of language;
- (iii) learning and adapting;

(iv) mobility;

(v) self-direction in setting goals and undertaking activities to accomplish those goals;

(vi) living independently; or

(vii) economic self-sufficiency; and

(D) reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of extended or lifelong duration and are individually planned and coordinated.

(35) "Physical disabilities waiver" means services provided in accordance with a federally approved waiver to the Kansas medicaid state plan for any individual who

meets these requirements:

(A) is 16 years of age or older, but less than 65 years of age;

(B) is physically disabled according to social security disability standards;

(C) meets the medicaid LTC threshold; and

(D) requires assistance with normal rhythms of the day.

- (36) "Plan of care (POC)" means a document that states and prescribes the responsibilities of providers to ensure that the providers meet the health and safety needs of HCBS consumers. The document shall include the following information:
  - (A) a statement identifying the need for care;

(B) the estimated length of the service or program;

- (C) a description of the prescribed treatment, modalities, and methodology to be used;
  - (D) a description of the expected results;

(E) the name of provider; and

(F) the cost of the program or services.

(37) "Prior authorization" means that a service to be provided shall be reimbursed only when approval is given by the agency before the service is provided.

(38) "Program" means the Kansas medicaid/medikan

program.

- (39) "Provider enrollment" means the process through which the agency determines whether or not an applicant meets the requirements for persons or agencies to provide services to the medicaid program.
- (40) "Reassessment" means an annual review and evaluation of an HCBS consumer's continued need for services.

(41) "Reimbursement rate" means the dollar value assigned by the secretary for a covered service.

(42) "Risk factor" means any condition that may increase an individual's functional impairment. The risk factor is used to determine needs for services, as appropriate for the individual's level of care.

(43) "Self-directed care" means an option under the HCBS program that allows an individual in need of care to live in a home environment and direct the attendant services that are essential to the maintenance of the individual's health and safety.

(44) "Service plan" means a document that describes specific tasks to be performed, based on the needs of the consumer. The description shall include the type of service, the frequency, and the provider.

(45) "Technology-assisted child" means a chronically ill or medically fragile child who meets these requirements:

(A) is 17 years of age or younger;

(B) has an illness or disability that, in the absence of home care services, would require admission to or a pro-

longed stay in a hospital;

(Č) needs both a medical device to compensate for the loss of a vital body function and substantial, continuous care by a nurse or other caretaker under the supervision of a nurse in order to avert death or further disability;

(D) is dependent at least part of each day on mechan-

ical ventilators for survival; and

- (E) requires prolonged intravenous administration of nutritional substances or drugs, or requires other medical devices to compensate for the loss of a vital body function.
- (46) "Terminally ill" means the medical condition of an individual whose life expectancy is six months or less, as determined and documented by a physician.
- (47) "Traumatic brain injury" means non-degenerative, structural brain damage resulting in residual deficits and disability that have been acquired by external physical injury.

(48) "Termination date" means the last day on which a program or service shall be reimbursed. For HCBS this date shall not extend beyond the last date of medicaid

eligibility.

(b) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective Jan. 1, 1997; amended July 1, 1997.)

**30-5-307.** Family reimbursement restriction. (a) Neither an adult consumer's spouse nor a minor consumer's parents shall be paid to provide HCBS services to that consumer, unless all other possible options are exhausted and one of the following extraordinary criteria is met.

(1) Three HCBS provider agencies furnish written documentation that the consumer's residence is so remote or rural that HCBS services are otherwise completely una-

vailable.

(2) Two health care professionals, including the attending physician, furnish written documentation that the consumer's health, safety, or social well-being, would

be jeopardized.

(3) The attending physician furnishes written documentation that, due to the advancement of chronic disease, the consumer's means of communication can be understood only by the spouse or by the parent of a minor child

(4) Three HCBS providers furnish written documentation that delivery of HCBS services to the consumer poses serious health or safety issues for the provider, thereby rendering HCBS services otherwise unavailable.

(b) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective Jan. 1, 1997; amended July 1, 1997.)

30-5-309. Scope of and reimbursement for medicaid home- and community-based services (HCBS). The

scope of medicaid home- and community-based services shall consist of those services provided under the authority of the applicable federally approved waiver to the Kansas medicaid state plan. (a) Medicaid home- and community-based services shall be provided to medicaid-eligible consumers who are determined by individualized assessment to be qualified for the appropriate institutional level of care, and who elect to receive the services specified in individualized written plans of care designed to prevent living in an institution.

(b) Medicaid home- and community-based services shall consist of one or more of the services defined and federally approved in the medicaid home- and community-based waiver provided under a written plan of care.

- (c) Medicaid home- and community-based services shall be provided in accordance with an individualized written plan of care approved in writing by the Kansas department of social and rehabilitation services for all waiver program services other than the frail elderly waiver programs services, which shall be provided in accordance with an individualized written plan of care approved in writing by the Kansas department on aging. Each annual review and amendment of this plan shall be approved in the same fashion. This plan shall meet these requirements:
- (1) be based on needs identified during the screening assessment;
- (2) specify each service to be provided and why each service was selected, or how each service will address any specific need identified by the assessment;

(3) specify the frequency and limits of each provided

service:

(4) specify any other required support services and the plan for obtaining them;

(5) be prepared in consultation with the consumer or the consumer's guardian, if one has been appointed;

(6) be approved in writing by the consumer or the con-

sumer's guardian, as appropriate; and
(7) be reviewed at least annually and updated as nec-

essarv

- (d) Medicaid home- and community-based services shall be subject to the individual and aggregate expenditure limits applicable under the federally approved waiver
- (e) Medicaid home- and community-based services for a consumer shall be terminated when the Kansas department of social and rehabilitation services or the Kansas department on aging for the frail elderly program determines at least one of the following.

(1) The consumer no longer meets level of care criteria due to a change in the medical condition as determined

by a physician.

(2) The consumer fails to cooperate with basic program requirements to the degree that the department's ability to deliver services is substantially impeded.

(3) The written plan of care no longer meets the tests of cost effectiveness, or a cost cap exception is not granted.

(4) No provider of essential services is available in the consumer's home location.

(5) The consumer enters a nursing facility for more than a planned brief stay.

- (6) The consumer becomes no longer eligible for medicaid.
  - (7) The consumer requests termination of services.

(8) The consumer dies.

(f) Reimbursement for medicaid home- and community-based services shall be based upon reasonable fees as related to customary charges, except that no fee shall be aid in excess of the range maximum. The range of charges shall provide the basis for computations.

(g) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996

Supp. 39-708c; effective July 1, 1997.)

### Article 6.—MEDICAL ASSISTANCE PROGRAM— CLIENTS' ELIGIBILITY FOR PARTICIPATION

**30-6-35.** Application process. (a) Attention given to requests. All applications, inquiries, and requests for medical assistance shall be given prompt attention.

(b) Who may file. An application for medical assistance shall be made by each applicant in person, or by another person authorized to act on the applicant's behalf, except that an application on behalf of a person mandated to receive tuberculosis care or on behalf of a deceased person may be made by any responsible person.

(c) Applications.

- (1) Each application for assistance shall be considered an application for any type of medical assistance. The applicant or person authorized to act on behalf of the applicant shall sign the application. If any person signs by mark, the names and addresses of two witnesses shall be required. An application on behalf of a deceased person shall be made within three months of the month of the person's death.
- (2) When assistance is requested for a family member following approval of assistance for other family members, the month of application for that member shall be the month following the month of the request, provided that any necessary verification is received within 10 days of the request. If timely verification is not provided, the month of application shall be the month following the month verification is received.
- (d) Face-to-face interview. For non-SSI, a face-to-face interview shall be required at the time of application, unless there is good cause for waiving this requirement.

(e) Time in which application is to be processed.

(1) Applications for medical assistance shall be approved or denied within 45 days of the agency's receipt of a signed application or within 90 days of the agency's receipt of a signed application for medical assistance that is dependent upon a finding of disability.

(2) The applicable time period may be extended if the application has been withdrawn or if the required determination of eligibility cannot be made within the mandated time period due to the failure of the applicant or a

collateral to provide necessary information.

(3) If the agency takes action to deny an application within either the 45-day or 90-day time period as indicated above and the applicant reapplies or provides required information within the 45-day or 90-day time period, the application shall be reactivated.

(f) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996

Supp. 39-708c; effective May 1, 1981; amended May 1, 1984; amended May 1, 1988; amended July 1, 1989; amended, T-30-5-1-90, May 1, 1990; amended, T-30-7-2-90, Aug. 30, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990; amended July 1, 1997.)

**30-6-113.** Income exempt as applicable income. The following types of income shall be exempt as applicable income in the determination of eligibility: (a) unearned income-in-kind;

(b) shelter cost participation payments. In shared living arrangements in which two families contribute toward the shelter obligations, any cash paid toward the shared shelter obligation by one family to the second family in the shared arrangement shall not be considered as income to the second family. This exemption shall not be applicable in a bona fide, commercial landlord-tenant arrangement;

(c) assistance payments in the month received;

(d) home energy assistance furnished on the basis of need by a federally regulated or state-regulated entity whose revenues are primarily derived on a rate-of-return basis, by a private, nonprofit organization, by a supplier of home heating oil or gas, or by a municipal utility company that provides home energy;

(e) income of a child received from a youth program funded by the job training partnership act of 1982;

(f) incentive payments received by renal dialysis patients;

(g) irregular, occasional, or unpredictable monetary gifts that do not exceed \$30.00 per person in any calendar quarter;

(h) tax refunds and rebates, except for earned income tax credits for non-SSI in accordance with K.A.R. 30-6-112

(i) VA aid and attendance and housebound allowances;

(j) VA payments resulting from unusual medical expenses;

(k) up to \$2,000.00 per year of income received by an individual Indian that is derived from leases or other uses of an individually owned trust or restricted lands;

(l) lump sum income;

(m) earned income of a child who is under the age of 18 years if the child is a student in elementary or secondary school or is working towards attainment of a G.E.D.;

(n) interest income that does not exceed \$50.00 per month;

(o) for non-SSI, support payments that are covered by an assignment of support rights related to TAF or foster care and that are forwarded to the agency. However, a support refund, disbursed by the agency to the client, shall not be exempt;

(p) for non-SSI, housing assistance from federal hous-

ing programs;

(q) for SSI, any refund of taxes paid on real property or on food purchases;

(r) for SSI, one-third of the child support payments received by an eligible child from an absent parent;

(s) for SSI, work expenses of a blind recipient;

(t) for SSI, impairment-related work expenses of a disabled recipient;

(u) for SSI, incentive allowances and reimbursements for individuals in training to provide support services under the jobs training partnership act (JTPA) program ad-

ministered by the state and local subdivisions;

(v) for SSI, the difference between the social security benefit entitlement in August, 1972, and the entitlement in September, 1972, for persons who were receiving cash assistance through the programs of aid to the aged, blind, or disabled (AABD) or aid to dependent children (ADC) in September, 1972 and who were entitled to a social security benefit in September, 1972. This exemption shall apply only if the exemption establishes eligibility without a spenddown;

(w) for SSI, the amount of all social security cost-ofliving adjustments for a person who was concurrently receiving SSI and social security after April, 1977 and who would be eligible for SSI if the cost-of-living adjustments received since that person was last eligible for SSI were

not considered as income;

(x) for SSI, income allocated and expended by an adult in an institutional living arrangement for the support of the adult's minor children if the adult does not have a spouse who continues to live in the community. The income allocation shall not exceed the amount necessary to bring the children's income up to the protected income level appropriate to their living arrangement;

(y) for SSI, SSI payments that the person is not legally entitled to receive and that are subject to SSI recovery;

- (z) for SSI, the amount of the December, 1983 increase in social security disabled widow or widower benefits resulting from the changes in the actuarial reduction formula, and all subsequent cost-of-living adjustments, for a person who was concurrently receiving SSI and social security disabled widow and widower benefits under section 202(e) or 202(f) of the social security act, when the person meets all of the following conditions.
- (1) The person became ineligible for SSI due solely to the 1983 actuarial increase.
- (2) The person has continually received social security disabled widow or widower benefits since the 1983 actuarial increase was first received.
- (3) The person would be currently eligible for SSI if it were not for the 1983 actuarial increase and all subsequent cost-of-living adjustments.

(4) The person applied for medical assistance under

this provision prior to July 1, 1988.

(aa) for SSI, reparation payments made under the Republic of Germany's federal law for compensation of na-

tionalist socialist persecution;

- (bb) for SSI, the amount of the social security adult disabled child benefit for an otherwise eligible SSI person age 18 or older who meets both of the following conditions.
- (1) The person was receiving SSI benefits that began prior to age 22.
- (2) The person lost SSI eligibility due solely to the person becoming eligible for the adult disabled child benefits or to an increase in the adult disabled child benefits.
- (cc) for SSI, the amount of social security early or disabled widow or widower benefits under section 202(e) or (f) of the social security act, if the person meets all of the following conditions.

(1) The person became ineligible for SSI because of the receipt of such benefits.

(2) The person would be currently eligible for SSI in

the absence of such benefits.

(3) The person is not entitled to hospital insurance benefits under Part A of title XVIII of the social security act

(dd) for SSI, the income of an SSI recipient that exceeds the protected income level for institutionalized persons for three months following the month of admission, when the social security administration determines that the stay in the institution is temporary and the person needs to continue to maintain and provide for the expenses of the home or another living arrangement to which the person may return;

(ee) for SSI, the income of an applicant's or recipient's spouse or parent that was counted or excluded in determining the amount of a public assistance payment, if the spouse or parent is not an applicant for or recipient of

SSI;

- (ff) for SSI, the income of an applicant's or recipient's spouse or parent that is used to make support payments under a court order or title IV-D support order, if the spouse or parent is not an applicant for or recipient of SSI:
- (gg) for SSI, the amount of VA pension received by a single veteran with no dependents or a surviving spouse with no children, if the pension has been reduced to \$90.00 or less because the veteran or spouse resides in a medicaid-approved nursing facility;

(hh) for SSI, foster care and adoption support pay-

ments;

(ii) for SSI, Austrian social insurance payments based, in whole or in part, on wage credits granted under the Austrian general social insurance act; and

(jj) for ŠSI, hostile fire pay received while in active mil-

itary service.

(kk) This regulation shall take effect on and after July 1, 1997. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c, 39-709; effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended May 1, 1983; amended, T-84-11, July 1, 1983; amended, T-84-25, Sept. 19, 1983; amended May 1, 1984; amended, T-85-26, Oct. 15, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-15, July 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended, T-88-59, Jan. 1, 1988; amended May 1, 1988; amended, T-89-13, April 26, 1988; amended, T-30-7-1-88, July 1, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended, T-30-12-28-90, Jan. 2, 1991; amended May 1, 1991; amended July 1, 1991; amended, T-30-6-10-92, July 1, 1992; amended Oct. 1, 1992; amended Jan. 4, 1993; amended May 3, 1993; amended, T-30-11-16-93, Dec. 1, 1993; amended Jan. 3, 1994; amended Sept. 30, 1994; amended Dec. 30, 1994; amended March 1, 1997; amended July 1, 1997.)

> Rochelle Chronister Secretary of Social and Rehabilitation Services

### **INDEX TO ADMINISTRATIVE** REGULATIONS

This index lists in numerical order the new, amended and revoked administrative regulations and the volume and page number of the Kansas Register issue in which more information can be found. This cumulative index supplements the index found in the 1996 Supplement to the Kansas Administrative Regulations.

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1-1-2	Revoked	V. 15, p. 704
1-1-3	Revoked	V. 15, p. 704
1-1-4	Revoked	V. 15, p. 704
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